

# REPAIR FACILITY LETTERHEAD

## Direction To Pay

DATE: \_\_\_\_\_

I, \_\_\_\_\_ (Customer), request and authorize the following insurer:

INSURANCE COMPANY: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

to make direct payment to the following repair facility:

REPAIR FACILITY: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

of any and all proceeds and property damage payments related to the above-claim. It is expressly agreed and understood that if any one or more of the property damage payments are sent to me, I am required to immediately turn them over to the repair facility. My failure to remit any property damage checks or otherwise fail to make full payment for repairs will constitute a breach of my repair contract and result in penalties for non-payment, including the accrual of interest to the unpaid balance at a rate of 1.5% per month (18% per annum) and reasonable attorneys' fees and court costs.

This direction to pay pertains to property damage to the following vehicle:

YEAR/MAKE/MODEL: \_\_\_\_\_

VIN: \_\_\_\_\_

**I sign this document of my own free will and accord.**

\_\_\_\_\_  
(Customer Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

**\* Use of this form is a courtesy to our customers. It in no way binds this repair facility or otherwise makes this repair facility party to any of the terms set forth in your insurance contract.**