



DIRECTION OF PAY AUTHORIZATION

Date: _____

I, _____, HEREBY AUTHORIZE AUTO COLLISION & GLASS
TO BE MY DESIGNATED REPRESENTATIVE IN COMPLETING REPAIRS ON MY VEHICLE
RESULTING FROM A LOSS WHICH OCCURRED ON OR ABOUT _____, 20_____.

I HEREBY AUTHORIZE PAYMENT IN THE SUM OF \$ _____ DIRECTLY TO:

AUTO COLLISION & GLASS

WHOSE RECEIPT FOR THE SAME WILL BE A COMPLETE ACQUITTANCE.

CUSTOMER SIGNATURE: _____

DATE: _____

INSURANCE COMPANY: _____

FILE/POLICY#: _____

ADJUSTER: _____