

DIRECTION TO PAY

I authorize _____ Insurance Company to pay Carubba Collision directly for repairs done to:

Year _____ Make _____ Model _____

Plate # _____ Serial # _____

Claim # _____

Total _____

I do hereby appoint the aforementioned business to accept on my behalf any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts, or bills of exchange for deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released and accepted.

Signature _____