

## Authorization and Direction to Pay

(You have the right to select any repair facility to repair your vehicle)

Vehicle owner's name: \_\_\_\_\_

Vehicle description: \_\_\_\_\_  
Year                      Make                      Model                      VIN

Claim Number: \_\_\_\_\_ Date of loss: \_\_\_\_\_

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I authorize(d) TODD'S BODY SHOP to estimate and repair my vehicle, unless it is an economic total loss.

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date

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I have received a copy of the initial and final automated repair estimate.

I authorize my insurance company to pay TODD'S BODY SHOP \$\_\_\_\_\_ on my behalf.

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date

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I certify that repairs have been completed as indicated on the final automated repair estimate.

\_\_\_\_\_  
Repairer's Signature

\_\_\_\_\_  
Date

**Form must be retained in repairer's records for at least 6 months, or longer if required by state law.**