

THIRD-PARTY PAYMENT AUTHORIZATION

Insured's contact information

Insured's name:	_____
Insured's telephone number:	_____
Insured's address:	_____
Replacement insurance policy number:	_____
Date of loss:	_____

I authorize (*enter name of insurance company*) _____ to issue payment directly to (*name of dealership or repair shop*) _____, of the indemnity payable for this (*specify partial or total loss*) _____ loss claim.

Contact information for dealership or repair shop

Name of dealership or repair shop:	_____
Address of dealership or repair shop:	_____
Contact person:	_____
Telephone number:	_____
Comments:	_____

Signed at _____ (place), on _____
(date)

Insured's signature