



DIRECTION OF PAY

I AUTHORIZE _____ INSURANCE
COMPANY TO PAY TAYLOR AUTO BODY & ASSOCIATES INC.
DIRECTLY FOR REPAIRS COMPLETED ON MY VEHICLE.

CLAIM #

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.

SIGNATURE _____