

# Authorization to Repair - Direction to Pay

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Submit signed & completed form to MetLife Auto & Home® as an attachment or as a digital photograph.

Original to be retained at shop and produced upon request.

Shop Name: ACME BODY & PAINT

Address: 3430 WASHINGTON ST

City: JAMAICA PLAIN

State: MA

Zip code: 02130

Federal Tax Identification Number (TIN): 46-4273845

Claim Number: Vehicle Owner:

Vehicle Year, Make, & Model:

Vehicle Identification Number (VIN):

I hereby authorize said facility to commence repairs upon my vehicle.

Furthermore, I authorize MetLife Auto & Home to issue any payment to the  
aforementioned facility and, mail said payment directly to this repair facility.

\_\_\_\_\_  
Signature of Vehicle Owner

\_\_\_\_\_  
Date