



DIRECTION OF PAYMENT

Date: _____

Insured: _____

Claim #: _____

Date Of Loss: _____

I HEREBY AUTHORIZE _____ INS.
TO PAY PATRIOT AUTO BODY FOR REPAIRS TO MY VEHICLE.

A. _____

VIN#: _____

Please make Check Payable to Patriot Auto Body Directly

SIGNED: _____

DATE: _____

PATRIOT AUTO BODY
341 PULASKI BLVD.
BELLINGHAM, MA 02019

Phone # (508) 883-7228 Fax (508) 876-9371
FEDERAL # 26-4121902
RS #4733 EXPIRES 5/31/2015