

**AFFORDABLE AUTO BODY** 96 EVERGREEN AVENUE. WARWICK. RHODE ISLAND. 02888

401 736 8501 PHONE. 401 736 8340 FACSIMILE

**Tax ID 050455128**

**License Number 810A**

**DIRECTION TO PAY**

**Vehicle Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Vehicle:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Claim#: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

**Deductible:** \_\_\_\_\_

In accordance with the requirements of the General Laws of the State of Rhode Island; (Title 5, Chapter 38, Section 8); I the undersigned, do hereby authorize the above named shop to repair the motor vehicle mentioned above. Additionally, I authorize the above named insurance company to pay Affordable Auto Body directly for all repairs and supplement invoices for the above mentioned vehicle/claim. Please note: payment must first be received in full prior to delivery of the vehicle. Any payment inadvertently sent to the vehicle owner must be forwarded to Affordable Auto Body immediately upon receipt. In the event that the insurance company does not pay, the vehicle owner is responsible for all unpaid balances.

Vehicle Owner Signature/Assignor: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Privacy Policy: Your information will not be sold to any party outside of our direct control. Any personally identifiable information (PII) and all information regarding you and/or repairs is strictly confidential.

