

Authorization to Repair - Direction to Pay

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: ***Akiki & Sons Auto***

Address: ***1035 Hyde Park Ave***

City: ***Hyde Park***

State: ***Massachusetts***

Zip code: ***02136***

Federal Tax Identification Number (TIN):

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



CITIZENS/HANOVER INSURANCE COMPANIES
EXPRESS CLAIMS
AUTHORIZATION FOR PAYMENT

Directions:

- 1) The Express Claims Shop should complete all of the information before having it signed and witnessed.
 - 2) This form should be signed by the vehicle owner(s) and a witness after the repairs have been completed.
 - 3) A copy of this thoroughly completed form should be provided to the vehicle owner(s).
- The amount on this Authorization for Payment form must reconcile with the amount submitted electronically through Autoverse or Pathways. Electronic Images must also be included.

Authorization:

CLAIM#: POLICY

Vehicle Owner's Name:

Insured's Name:

This is to certify that the damages estimated or appraised have been repaired to my satisfaction and the Citizens/Hanover Insurance Company is hereby authorized to issue payment only in the name of:

Name of Repair Shop	*TAX ID*	Street Address	City	State	Zip
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Repair Shop Phone Number

Repair Shop Fax Number

for the repairs to my vehicle in the net amount shown below. I understand that I am responsible for any applicable deductible, adjustment for depreciation and/or betterment amount shown below.

Vehicle Owner's Signature:

Date:

Witness' Signature:

Date:

Repair Facility: I certify the vehicle repairs and final invoice reflects compliance with the Express Claims program guidelines.

Repair Facility Signature:

Date:

Total Amount for the cost of repairs: \$

a) Insured is responsible for their collision or comprehensive deductible in the amount of: \$

b) Vehicle owner is responsible for depreciation or betterment adjustment in the amount of: \$

c) Total amount (from a & b) payable by the vehicle owner to the Express Claim Shop: \$

Net amount due above named Express Claim Shop from Citizens/Hanover Insurance Companies: \$

To Receive Payment:

This form must be thoroughly completed and sent as an image to Autoverse within 48 hours of completion repairs. If the Tax ID number is not provided, payment will be issued one party to the insured.
(CT, KS, ME, MA, NH, NV, RI)