



AUTHORIZATION AND DIRECTION TO PAY

(You have the right to select any repair facility to repair your vehicle)

Vehicle owner's name: _____

Vehicle description: _____
Year Make Model VIN

State Farm Claim Number _____ Date of loss: _____

Deductible amount: _____ Date verified: _____ By: _____
State Farm Representative

Location: _____

Telephone: _____

Fax: _____

I authorize(d) _____ to estimate and repair my vehicle, unless it is an economic total loss.
(Repairer)

Vehicle Owner's Signature

Date

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm® to pay _____ \$ _____ on my behalf.
(Repairer)

Vehicle Owner's Signature

Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

Repairer's Signature

Date

Form must be retained in repairer's records for at least 6 months, or longer if required by provincial law.

State Farm's Insurance policies, applications, and required notices are written in English. With the exception of any applicable policy language, this document has been translated into another language for the convenience of our customers. In the event of any difference in interpretation, the English language version will control.