



***DIRECTION OF PAY FORM***

***NAME:*** \_\_\_\_\_

***CLAIM #:*** \_\_\_\_\_

***VIN:*** \_\_\_\_\_

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*I HEREBY AUTHORIZE \_\_\_\_\_ INSURANCE COMPANY TO ISSUE  
PAYMENT OF \$ \_\_\_\_\_ DIRECTLY TO THE SHOP, LF TRUCK REPAIR  
FOR REPAIRS COMPLETED TO MY \_\_\_\_\_.  
I FURTHER AGREE TO ASSUME RESPONSIBILITY FOR THE ABOVE AMOUNT  
SHOULD PAYMENT NOT BE MADE TO SHOP WITHIN 15 DAYS.*

***SIGNATURE*** \_\_\_\_\_

***PRINTED NAME*** \_\_\_\_\_

***DATE*** \_\_\_\_\_

Please remit payment within 10 days to:

**LF Truck Repair, 703 Nursery Rd., Linthicum, MD 21090**

Email correspondence to: [Jennifer@lftruckrepair.com](mailto:Jennifer@lftruckrepair.com)

FEIN: 52-1151488