

DIRECTION TO PAY

DATE:

CLAIM #

INSURED:

CLAIMANT:

I AUTHORIZE _____ TO ISSUE DIRECT

PAYMENT FOR ABOVE CLAIM TO:

SKUFFY AUTO BODY
318 W. JERICHO TPKE.
HUNTINGTON, NY 11743
TEL: 631-424-0600 • FAX: 631-427-5048

TAX ID: 11-3232839

DMV ID: R7069059

THIS IS THE SHOP OF MY CHOICE FOR REPAIRS.

THIS AUTHORIZATION IS LIMITED TO PAYMENT OF:

ORIGINAL

SUPPLEMENTAL

REISSUE OF CHECK

X _____

(OWNERS SIGNATURE)