

Drop off Date	
Claim #	

## **Direction of Payment**

I, vehicle owner, \_\_\_\_\_\_, authorize GeicoInsurance to pay Delta Collision the amount agreed upon for repairs to my vehicle.

YEAR	MAKE	MODEL	COLOR
x	By my signature, Authorize	9	

## **Repair Authorization**

I acknowledge and accept that additional damage may be discovered and that the final cost of repairs may be greater than the original estimate. I authorize all payments be made directly to Delta Collision. I further authorize Delta Collision to act as power of attorney to endorse all checks to satisfy the cost of repairs. I understand, all damaged parts will be discarded accordingly, unless Delta Collision, otherwise notified prior to disposal.

X\_

Date\_\_\_\_\_

By my signature, Authorize

In effort to better serve our customers, please indicate your most reliable contact information.

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