

3500 Packerland Drive  
De Pere, WI 54115-9070

[ameriprise.com/autohome](http://ameriprise.com/autohome)

**Ameriprise Insurance  
Company  
IDS Property Casualty  
Insurance Company**

Claim No.:

**Direction to Pay Form**

I, \_\_\_\_\_, authorize Ameriprise Insurance  
Company or IDS Property Casualty Insurance Company to process direct payment to **DELTA**  
**COLLISION** for any repairs to my  
\_\_\_\_\_, Vehicle Identification  
Number \_\_\_\_\_.

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date