



REPAIR AUTHORIZATION AND DIRECTION TO PAY

Vehicle owner's name: _____

Vehicle description: _____
Year Make Model VIN

Claim Number: _____

I hereby authorize _____ to provide an estimate of the repairs necessary to repair my
(Repair Facility)
vehicle. I acknowledge and agree that the above named Repair Facility shall contact me upon completion of the estimate and shall perform the repairs set forth on such estimate upon my verbal authorization.

I acknowledge and agree that my insurance carrier, Esurance®, will pay the above named Repair Facility directly for repairs performed on my behalf as authorized by my signature below. I further acknowledge and agree that any deductible and depreciation that may apply under the terms of my insurance policy are my responsibility and not the responsibility of nor subject to any reimbursement by Esurance.

Vehicle Owner's Signature

Date

Verbal authorization to complete repairs provided at _____ on _____.
Time Date

Repair Facility Representative's Signature

Form must be retained by Repair Facility for a minimum of 6 months or longer if required by state law.