

Bill Denny's Body Repair, Inc.
1715 Pulaski Hwy
Havre de Grace, MD 21078

AUTHORIZATION AND DIRECTION TO PAY

I hereby authorize _____ insurance company to make payment to **Bill Denny's Automotive, Inc.** facility for the repairs to my _____, VIN _____. The repairs have been completed and are satisfactory.

I understand that I am responsible for any applicable deductible, adjustment for depreciation, and/or betterment amounts.

I do hereby appoint this repair facility as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange and to endorse all such checks, drafts, or bills for deposit as credit on my account for the specific repair order listed.

FEIN #52-1550965

Claim # _____

Repair Order # _____

Total Due from Insurer \$ _____

Authorized Signature

Date