

## **DIRECTION OF PAYMENT**

I, \_\_\_\_\_, HEREBY AUTHORIZE DIRECT PAYMENT FOR REPAIRS  
ON MY BELOW MENTIONED VEHICLE TO BE MADE DIRECTLY TO:

**Howard Auto Body and Repair**  
**2255 W Howard St Chicago IL 60645**  
**PHONE: 773-262-3550**  
**FAX: 773-262-6916**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ PLATE NUMBER: \_\_\_\_\_ COLOR: \_\_\_\_\_

VIN NUMBER: \_\_\_\_\_

INSURANCE COMPANY NAME: \_\_\_\_\_ CLAIM OR FILE#: \_\_\_\_\_

ADJUSTER NAME: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*INSURANCE PAYMENTS MAY BE PAID WITH INSURANCE COMPANY ISSUED CHECK SO LONG AS IT ALSO NAMES HOWARD AUTO BODY & REPAIR. CASHIERS CHECK OR CASH DEDUCTIBLES MAY BE PAID WITH CREDIT CARD, WHICH INCLUDES A 3.5% SERVICE FEE. CASH AND PERSONAL CHECKS ALSO ACCEPTED.\*

**VEHICLE OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

----- **OR** -----

I, \_\_\_\_\_, DO **NOT** WISH FOR PAYMENTS TO BE MAILED TO HOWARD AUTO BODY AND I UNDERSTAND FULL PAYMENT, INCLUDING DEDUCTIBLE IF APPLICABLE, IS REQUIRED AT THE TIME OF VEHICLE RELEASE. I UNDERSTAND IF PAYMENT IS NOT RECEIVED AT THE TIME OF VEHICLE RELEASE, HOWARD AUTO BODY & REPAIR IS ENTITLED TO CHARGE STORAGE FEES.

**VEHICLE OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_