



Direction To Pay

I authorize _____ Insurance Company to pay Long Pond Auto Body directly for repairs to this vehicle:

Name: _____ Date: _____

Make of Car: _____ Year of Car: _____ Model of Car: _____

Plate #: _____ VIN #: _____

Claim #: _____

Total: _____

I do hereby appoint the aforementioned business to accept on my behalf any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts or bills of exchange for deposit to the aforementioned business account for credit on my account for repairs on my vehicle, which has been released and accepted.

X _____ Date: _____
(Name (Please Print))

X _____
Signature of owner or agent

***Long Pond Auto Body
78 Cedarfield Commons
Rochester, NY 14612***