

UNION AUTO BODY
917 HIGHWAY 36
UNION BEACH, NEW JERSEY 07735
732-264-7868 (FAX) 732-888-1696
TAX ID# 221924385 STATE LIC. #01304A

DIRECTION TO PAY

TO: _____ Insurance Company

RE: Insured/Claimant _____

Claim Number _____

Date of Loss _____

Year _____ Make _____ Model _____

VIN# _____

By my signature appearing below, I hereby authorize
_____ Insurance Company to issue all
payments for repairs to my vehicle identified above, including any
payments for towing and storage fees/charges directly to Union Auto
Body.

Insured/Claimant Signature _____

Date _____

Important Notice:

Any Check received by a claimant/insured must be turned over to the Auto Body Shop immediately. Any attempt to withhold payment after signing this document and giving up all rights to payment could result in the claimant/insured being charged with insurance fraud and fined up to \$5,000.00.