

## Authorization to Repair Direction of Pay

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Shop Name: Robbie's Coll. Specialists

Address: 238 Route 46

City: Dover

State: N. J. Zip: 07801

Federal Tax ID #: 222 485 086

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Vehicle Owner: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Yr, Make, Model: \_\_\_\_\_

V.I.N. #: \_\_\_\_\_

I have chosen the above mentioned "Guaranteed Repair Program" Repair Facility to repair my vehicle and hereby authorize said facility to commence repairs on my vehicle. Furthermore, I authorize MetLife Auto & Home to make direct payment to the aforementioned facility.

\_\_\_\_\_  
Signature of Vehicle Owner

\_\_\_\_\_  
Date