

Authorization to Repair – Direction to Pay

Submit signed & completed form to MetLife Auto & Home ® as an attachment or a digital photograph.

Original to be retained at shop and submitted upon request.

Shop Name: Al Brodeurs Auto Body		
Address: 412 South Street		
City: Marlborough		
State: MA	Zip Code: 01752	
Federal Tax Identification Number (TIN):	04-3031472	
Claim Number:		
Vehicle Owner:		
Vehicle Year, Make & Model:		
Vehicle Identification Number:		
I hereby authorize said facility to comme	nce repairs upon my vehicle.	
Furthermore, I authorize MetLife Auto &	Home $^{\scriptsize \scriptsize \textbf{0}}$ to issue any payment to the aforementione	d facility and, mail
said payment directly to this repair facilit	ty.	
Signature of Vehicle Owner		

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