



Farmers Concierge Auto Repair Experience<sup>SM</sup>  
Farmers CARE<sup>SM</sup>

## **Authorization to Repair - Direction to Pay**

Submit signed & completed form to Farmers Insurance as an attachment or as a digital photograph. Original to be retained at shop and produced upon request.

Shop Name: ALAN BRODEUR'S AUTO BODY, INC.

Address: 87 MILL ST. CENTRAL

City: MARLBOROUGH, MA 01752

Federal Tax Identification Number (TIN): 04-3031472

Shop Reg # 347

Expiration Date: 5/31/2026

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

Vehicle Owner (print name): \_\_\_\_\_

Vehicle Year, Make, & Model: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

I hereby authorize said facility to commence repairs upon my vehicle. Furthermore, I authorize Farmers Insurance to issue any payment to the aforementioned facility and, mail said payment directly to this repair facility.

\_\_\_\_\_

Signature of Vehicle Owner

\_\_\_\_\_

Date