



# Total Liberty Care Program

## Direction of Payment

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

Insured Name \_\_\_\_\_

Claimant Name \_\_\_\_\_  
(if different from insured)

I authorize Liberty Mutual Insurance Company to make payment, on my behalf, directly to

Repairer Name Rio Auto Body, Inc

Repairer Address 2702 Route 9

City, State, Zip Rio Grande, NJ 08242

Tax ID Number 223-267-808/000

for any authorized repairs, and for which I am entitled to be compensated, resulting from the above captioned claim.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature  \_\_\_\_\_