

## Authorization to Repair - Direction to Pay

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

Shop Name: ***RIO AUTO BODY***

Address: ***2702 ROUTE 9***

City: ***RIO GRANDE***

State: ***NEW JERSEY***

Zip code: ***08242***

Federal Tax Identification Number (TIN): ***223-267-808***

Claim Number:

Vehicle Owner:

Vehicle Year, Make, & Model:

Vehicle Identification Number (VIN):

I hereby authorize said facility to commence repairs upon my vehicle.

Furthermore, I authorize MetLife Auto & Home to issue any payment to the aforementioned facility and, mail said payment directly to this repair facility.

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

\_\_\_\_\_  
Date

**NEW JERSEY STATE LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.