

R.A.K.L. ENTERPRISE, INC.
D/B/A **RAY'S AUTO REPAIR**
105 East Ann Street P O Box 988
Milford, PA 18337
(570) 296-8615 FAX (570) 296-4835
Karin (570) 296-2156 (Phone & Fax)

AUTHORIZATION FOR DIRECTION TO PAY

INSURANCE CO: _____

CLAIM #: _____

OWNER: _____

VEHICLE: _____

VIN: _____

LOSS DATE: _____

I am giving authorization for my insurance company to pay any additional amounts due on claim number _____ Directly to **Ray's Auto Repair.**

X _____
INSURED/VEHICLE OWNER SIGNATURE

DATE