

**AUSTIN-SPENCER**  
**Collision Repair Centers**  
VICTOR/HENRIETTA

**DIRECTION TO PAY**

I, \_\_\_\_\_, do hereby authorize direct insurance payment to Austin-Spencer Collision, Inc., shop # 7073908, Tax ID#-16-1186423, located at 2 Railroad Avenue, Victor, NY 14564, for supplementary repairs made to my vehicle.

If the insurance check is inadvertently mailed to me, I will ensure that it is sent, without delay, to Austin-Spencer Collision, Inc.

Customer Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Claim # : \_\_\_\_\_

Date: \_\_\_\_\_