



Authorization to Pay
Repair Shop Direct

Date: _____

I, _____ Authorize _____

Insurance Company to pay BRUMOS COLLISION CENTERS direct for the cost of additional repairs to my

Vehicle/VIN

Signature

Power of Attorney

The undersigned hereby authorizes BRUMOS COLLISION CENTERS (“Brumos) to sign in place of the undersigned any insurance checks or drafts issued by _____ (Insurance Company), covering any repairs to my (our) automobile authorized by myself (ourselves) in whatever manner is necessary to cash or deposit the check or draft. I (we) hereby ratify and confirm whatever action Brumos may take by virtue this Power of Attorney.

Claim # _____

Claimant Signature _____

Signature _____