

DIRECTION OF PAYMENT

American Family Mutual Insurance Company

Claim Number:

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Repair Facility:

Selbert's Auto Body

410 W 4th St
Eureka, MO 63025

This repair facility understands & agrees that payment will only be issued upon full & final completion of repairs.

Upon receipt of my vehicle & satisfaction of the repairs, I do hereby appoint this repair facility to accept on my behalf any & all checks, drafts, or bills of exchange & to endorse all such checks, drafts, or bills for deposit as credit on my account for the claim number above. I understand that I am responsible for any applicable deductible (\$_____), adjustment for depreciation & betterment.

I hereby authorize American Family Mutual Insurance Company to make payment directly to the shop.

Vehicle Owner's Name



Vehicle Owner's Signature

Vehicle

Date