

# STATE FARM INSURANCE

## REPAIR AUTHORIZATION AND DIRECTION TO PAY

VEHICLE OWNER: \_\_\_\_\_

DEDUCTIBLE AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
I AUTHORIZE B&E COLLISION TO ESTIMATE AND REPAIR MY VEHICLE UNLESS IT IS DEEMED TO BE A TOTAL LOSS.

\_\_\_\_\_  
VEHICLE OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
I HAVE RECEIVED A COPY OF THE INITIAL AND FINAL AUTOMATED REPAIR ESTIMATE. I AUTHORIZE STATE FARM TO PAY B&E COLLISION FOR THE REPAIRS ON MY BEHALF. I GIVE B&E COLLISION THE AUTHORITY TO ENDORSE ANY INSURANCE CHECK OR RELATED DOCUMENT THAT IS RECEIVED AFTER THE VEHICLE HAS BEEN PICKED UP.

\_\_\_\_\_  
VEHICLE OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
I CERTIFY THAT THE VEHICLE HAS BEEN REPAIRED TO ITS PRELOSS CONDITION RELATIVE TO SAFETY, FUNCTION AND APPEARANCE.

\_\_\_\_\_  
REPAIRER

\_\_\_\_\_  
DATE



**State Farm**

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