

DIRECTION TO PAY

Date _____

Claim # _____

Insured _____

Claimant _____

**I AUTHORIZE GEICO DIRECT TO ISSUE PAYMENT
FOR ABOVE CLAIM TO:**

**Skuffy Auto Body
318 West Jericho Tpke.
Huntington, NY 11743**

THE SHOP OF MY CHOICE FOR REPAIRS.

THIS AUTHORIZATION IS LIMITED TO

PAYMENT OF:	_____	ORIGINAL
	_____	SUPPLEMENTAL
	_____	REISSUE OF CHECK

(Owners Signature)