

## Repair Authorization and Direction to Pay

### Limited Power of Attorney For Repairing Your Vehicle

Owner \_\_\_\_\_

Vehicle Description \_\_\_\_\_  
Year Make Model

VIN # \_\_\_\_\_

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

I authorize Grey's Auto Collision, Inc. to estimate and repair my unless it is an economical loss. I also authorize all scanning abilities and to share information with technicians and all sublet authorities.

I authorize \_\_\_\_\_ to pay Grey's Auto Collision, Inc. as direct pay and to pay all supplements direct on the above claim on my behalf.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Please fax to 770.222.1787 and include a copy of your photo ID

Federal ID# 58-2388199