



Farmers Concierge Auto Repair ExperienceSM
Farmers CARESM

Authorization to Repair - Direction to Pay

Submit signed & completed form to Farmers Insurance as an attachment or as a digital photograph.
Original to be retained at shop and produced upon request.

Shop Name:

Address:

City:

State:

Zip code:

Federal Tax Identification Number (TIN):

Claim Number:

Vehicle Owner:

Vehicle Year, Make, & Model:

Vehicle Identification Number (VIN):

I hereby authorize said facility to commence repairs upon my vehicle.
Furthermore, I authorize Farmers Insurance to issue any payment to the
aforementioned facility and, mail said payment directly to this repair facility.

Signature of Vehicle Owner

Date