



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