

Authorization to Repair - Direction to Pay

Submit signed & completed form to MetLife Auto & Home 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 have received a copy of the repair estimate written by the above named MetLife Auto & Home **Guaranteed Repair Program** participating shop and do hereby authorize said facility to commence repairs upon my vehicle.

Furthermore, I authorize MetLife Auto & Home to issue any payment to the aforementioned facility and, mail said payment directly to this repair facility.

Signature of Vehicle Owner

Date

GRP Form Page F4