

FT. MITCHELL GARAGE
1420 DIXIE HIGHWAY
PARK HILLS, KY 41011

INSUREDS AUTHORIZATION TO PAY ACCOUNT

POLICY NO. _____ CLAIM NO. _____

INSURED _____

I have authorized the repair of the damage to my property
and/or replacement of my property made necessary by an
occurrence on _____

The _____
Insurance Company

is hereby authorized to make payment to the repairing and/or replacing firm on my behalf when repairs
and/or replacements have been completed.

To FT. MITCHELL GARAGE, INC. \$ _____

To _____ \$ _____

To _____ \$ _____

Date

X _____
Insured's Signature

X _____
Insured's Signature