



ERIE  
INSURANCE  
GROUP

## AUTHORIZATION FOR PAYMENT

A Member Company of the Erie Insurance Group has assigned Claim Number .....

for Policy Number ..... which covers a loss/accident that occurred on:

.....  
(Date of Loss/Accident)

The named insured(s) under the policy is/are:

.....  
(Type or Print Name[s] and Address[es])

Vehicle owner(s) name:

.....  
(Type or Print Name[s] and Address[es])

The vehicle which is involved in this loss/accident is:

.....  
(Year) (Make) (Model) (Vehicle Identification Number / V.I.N.)

The owner(s)/lessee(s) identified below has/have selected:

**The Collision Center**

(Name of Repair Shop)

**229 South Hanna Street**

(Address)

**Lock Haven**

(City)

**(570) 748-9168**

(Area Code / Telephone Number)

**PA 17745**

(State) (Zip Code)

Repairs have been completed to my/our satisfaction. I have been provided a copy of the final repair estimate.

Payment is hereby authorized to the above repair shop in the amount of:

Total repair amount: \$..... Deductible amount \$ ..... Amount Erie Insurance owes \$.....

**# 472219897**

(Shop Federal Identification Number)

.....  
(Signature of Owner/Lessee)

(Date)

.....  
(Type or Print Name and Address)

.....  
(Witness)

(Date)

(Signature of Owner/Lessee)

(Date)

.....  
(Type or Print Name and Address)

Return properly executed form to:  
**ERIE INSURANCE GROUP**

**4901 Louise Drive, Rossmyrne Business Center  
P.O. BOX 2013  
Mechanicsburg, PA 17055-0710**

(Upon receipt of Authorization Form, Repair Invoice, and Photos, the ERIE will make payment to the repair shop identified above.)  
NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.