



Farmers Concierge Auto Repair Experience<sup>SM</sup>  
Farmers CARE<sup>SM</sup>

## 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