



ATTN CLAIM REP: _____

FROM:

FAX NUMBER: _____

Today's Collision

Tel: (781) 321-6080

DATE:

Fax: (781) 321-6084

DIRECTION TO PAY

I authorize the insurance company to send payments for repairs directly to Today's Collision Repair Center.

I also understand this DTP is required so that my vehicle may be released upon completion of repairs.

X _____
Signature of Policy Holder

Date _____

CLAIM INFORMATION:

Insurance

Company: _____

Insured: _____

Type of Loss: _____

Claim#: _____

Date of Loss: _____

SHOP INFORMATION:

Send Payment To:

Today's Collision & Fleet Service Center Inc
375 Washington Street
Malden, MA 02148

Mass RS# 4159 (Exp. Date 05/31/2021)

Tax ID# 57-1164067

Hazardous Waste# MV7813216080

Liability Insurance# 6808E912427

Mass Appraisers License# 10983

I understand that even with an accepted **Direction to Pay** having been submitted to the insurance company, sometimes the check, which is due to Today's Collision Repair Centers, will be mistakenly sent to the customer. In the event that I receive a check from the insurance company for the payment of my repair, I will immediately contact Today's Collision Repair Centers and deliver and endorse the check to them. If any additional charges are incurred for any reason as a result of this, I agree to pay them.

X _____
Signature of Policy Holder

Date _____