



ATTN CLAIM REP: _____
FAX NUMBER: _____
DATE: _____

FROM: Kevin Kyes
Today's Collision Stoneham
Tel: (781) 279-2220
Fax: (781) 279-2270

DIRECTION TO PAY

I authorize the insurance company to send payments for repairs directly to:

Today's Collision Repair Center in Stoneham.

I also understand this DTP is required so that my vehicle may be released upon completion of repairs without payment in full.

X _____ Date _____
Authorized Signature

CLAIM INFORMATION:

Insurance Company: _____

Insured: _____

Type of Loss: _____

Claim#: _____

Date of Loss: _____

SHOP INFORMATION:

Please send all payments to:

Today's Collision Stoneham

16 Gould Street
Stoneham, MA 02180

Mass RS# 5285 (Exp. Date 05/31/2022)
Tax ID# 82-1551566
Hazardous Waste# MV7812792220
Liability Insurance# 6808E912427
Mass Appraisers License# 12736

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 _____ Date _____
Authorized Signature