

916 Nina Street
Dexter, MO 63841
573-614-7487



www.expresscollisioncenter.net

Direction of Payment

I _____ hereby authorize
_____ Insurance Company to pay Express
Collision Center LLC directly the sum of _____ for additional
repairs to my _____. I further agree to assume
responsibility for the above amount should payment not be made to the repairer
within 30 days.

(Witness)

(Owner Signature)

(Date)

(Ins. Claim Number)

Please remit payment to:

Express Collision Center LLC
916 Nina Street
PO Box 641
Dexter, MO
Phone: 573-614-7487