

# Hanover/Citizens Insurance Companies

## Express Claims Authorization for Payment

### Directions:

- 1.) This form should be signed by the vehicle owner(s)' and a witness after the repairs have been completed.
- 2.) The Express Claims Shop should complete all of the information before having it signed and witnessed.
- 3.) A copy of this form should be provided to the vehicle owner(s).

### Authorization:

Vehicle Owner's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Claim #: \_\_\_\_\_

This is to certify that the damages estimated or appraised have been repaired to my satisfaction. I hereby authorize The Hanover/Citizens Insurance Co. to make the draft/check payable solely to

\_\_\_\_\_  
(Name of Repair Shop & Shop I.D. #)

and delivered directly to them for the net amount shown below. I understand that I am responsible for any applicable deductible and adjustments for depreciation and/or betterment amounts shown below.

Vehicle Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As a representative of the above repair facility I hereby certify the vehicle repairs and final invoice reflect compliance with the Express Claims Program guidelines.

Repair Facility Signature: \_\_\_\_\_

Total Amount for the Cost of Repairs: \$ \_\_\_\_\_

a.) Insured is responsible for their collision or comprehensive deductible in the amount of: \$ \_\_\_\_\_

b.) Vehicle owner is responsible for depreciation or betterment adjustment in the amount of: \$ \_\_\_\_\_

Total amount (from a & b) payable by the vehicle owner to the Express Claims Shop: \$ \_\_\_\_\_

Net Amount Due Above Named Express Claims Shop From  
The Hanover/Citizens Insurance Companies: \$ \_\_\_\_\_

1/09/98