

DIRECT PAY AUTHORIZATION

OPEKA AUTO REPAIR CO. INC.
P.O. BOX 986
McMURRAY, PA 15317
724-941-6608

Federal Tax Identification Number _____

DATE: **X** _____

I, _____ authorize _____
insurance company

to pay Opeka Auto Repair directly for damages and/or supplements to claim number

_____ for my _____
year make

_____ model _____ VIN

Signed X _____
customer signature