



Authorization for Payment

A Member Company of Erie Insurance Group has assigned Claim Number _____,
for Policy Number _____, which covers a loss/accident that occurred on _____ Date of Loss/Accident

Vehicle Owner(s)/Lessee(s) ☐ Insured ☐ Claimant

Name	Address	City	State	ZIP Code
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Name	Address	City	State	ZIP Code
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The vehicle that is involved in this loss/accident is

Year	Make	Model	ID/Serial Number
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The Owner(s)/Lessee(s) identified below has/have selected:

Name of Repair Shop	Telephone Number
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Address	City	State	ZIP Code
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Shop's Federal Tax ID Number _____ to make repairs to the above vehicle.

Repairs have been completed to my/our satisfaction. I have been provided a copy of the final repair estimate and/or supplements. Payment is hereby authorized to the above repair shop in the amount of:

Total repair amount \$ _____ Deductible amount \$ _____ Amount due shop \$ _____

Harrisburg Claims Office
Rossmoyne Business Center
4901 Louise Drive
Mechanicsburg, PA 17055

Signature of Owner/Lessee	Date
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Signature of Owner/Lessee	Date
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Witness	Date
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Mandatory Payment Instructions:

Upon repair completion with your final bill, upload:

1. Attach this properly executed Authorization for Payment to the estimate as a photo or PDF, and
2. Type in the Estimate Property Notes: "DTP Form Attached"

Upon receipt of Authorization Form and Repair Invoice, ERIE will make payment to the repair shop identified above.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.