

Assigned to Claim Handler #:

Date: _____



STARS

Streamlined Appraisal & Restoration Service



PAYMENT AUTHORIZATION

STARS Shop Name: _____

____ C.A.R. COLLISION CENTER LLC
7967 Twist Lane Springfield, Va 22153

PSP: _____ **807178** _____

Contact Person: _____ **James Ratcliffe** _____

Phone #: _____ **(703) 455-0181** _____

for the loss occurring on the above captioned date.

Member Name: _____

Member Number: _____

Owner Name: _____

Date of Loss: _____

Deductible: _____

Vehicle: _____

I hereby authorize United Services Automobile Association to pay the amount of \$ _____ directly to the STARS direct repair shop listed above.

Owner's Signature

Date signed

