

American Heartland Insurance Company

Payment Authorization Form

I hereby authorize American Heartland Insurance Company to pay the repair facility directly for the estimated repairs. This authorization allows the repair facility to pre-order parts and supplies, schedule repairs immediately, and includes payment for any "add orders" for additional damage approved by the company. Declining this authorization may result in delays to the repair of your vehicle. If you decline, payment will be remitted directly to you and you will assume responsibility for making all payments (including your deductible) directly to the repair facility.

Repair Facility

Claim #

Full Name

Signature

Date

Please complete this form and return a signed copy to Claim@UEG1.com or fax it to 847-730-0170