



AUTHORIZATION TO PAY

Claim #: _____

Insured: _____

Address: _____

City, State, Zip _____

Date of Loss: _____

Insured understands that the total cost of cleaning and/or repairs shall be payable upon completion of work and **hereby authorizes and instructs that direct payment be made to ServiceMaster.** **Insured** understands that he/she is responsible for payment of any deductible and for any and all charges not covered by Insured's insurance company.

Date: _____

Insured: _____
(Insured's Signature)

Deductible: _____