



**Nationwide®**

**"ON YOUR SIDE"  
AUTO REPAIR NETWORK  
AUTHORIZATION AND DIRECTION TO PAY**

**ADVANCE DEDUCTIBLE**

How would you like to be contacted?

Text       Email       Phone

Email Address: \_\_\_\_\_ Email Address #2 : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_

VEHICLE OWNER/LESSEE'S NAME: \_\_\_\_\_

VEHICLE DESCRIPTION: (YR/Make/Model) \_\_\_\_\_

VIN# \_\_\_\_\_

NATIONWIDE CLAIM NUMBER: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

Repair Facility: \_\_\_\_\_

I authorize the above captioned "On Your Side" Auto Repair Network Facility to estimate and repair my vehicle, unless it is deemed to be a total loss. I also understand that I will **NOT** be responsible to pay my deductible of \$ \_\_\_\_\_ as Nationwide Insurance will pay my deductible on my behalf direct to the Direct Repair Facility when the vehicle's repairs are complete. Nationwide will recover the deductible from the responsible party/ or their Insurance Carrier.

\_\_\_\_\_  
(Vehicle Owner/Lessee's Signature)

\_\_\_\_\_  
(Date)

I certify that this customer was not present upon the arrival of the vehicle and I have received verbal authorization to repair the vehicle. I have also explained to the customer that they are **NOT** responsible to pay their \$ \_\_\_\_\_ deductible as Nationwide Insurance will recover the deductible from the responsible party and / or their Insurance Carrier. Permission to repair the vehicle was received by

\_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_  
(Repairer's signature)

**ATTENTION CUSTOMER: This section is to be completed only upon inspection of your completed repairs.**

I hereby certify that:

- I have received a copy of the initial, all supplemental and final automated repair estimate(s) which have/has been explained to me by the repair facility.
- I have received a copy of the Direct Repair Guarantee.
- I have inspected the vehicle and I am satisfied with the initial repair quality

I authorize Nationwide to pay the above captioned Direct Repair Facility on my behalf.

Gross Estimate Amount \$ \_\_\_\_\_

Customer Responsibility (Deductible, etc.) \$ \_\_\_\_\_

Net Amount Due \$ \_\_\_\_\_

\_\_\_\_\_  
(Vehicle Owner/Lessee's Signature)

\_\_\_\_\_  
(Date)

I certify that repairs have been completed as indicated on the final automated repair estimate dated: \_\_\_\_\_

\_\_\_\_\_  
(Repairer's Signature)

\_\_\_\_\_  
(Date)

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. (State of VA)

**(Form must be retained in repairer's records for at least seven (7) years or as required by State statute, whichever is shorter.)**