



DIRECT PAY AUTHORIZATION

POLICY NUMBER _____ CLAIM NUMBER _____

INSURED _____

THE _____ INSURANCE COMPANY IS

HEREBY AUTHORIZED TO PAY MY CLAIM IN THE SUM OF:

EMERGENCY _____ RESTORATIVE _____ TOTAL _____

DIRECTLY TO **MasterDry, LLC (Tax ID 41-2063895)**
28 Ceramic Drive
Martinsburg, WV 25405

FOR REPLACING AND/OR REPAIRING MY PROPERTY MADE NECESSARY BY THIS OCCURRENCE
WHEN THOSE REPLACEMENTS AND REPAIRS HAVE BEEN COMPLETED

INSURED SIGNATURE _____ DATE _____