



Authorization for Direction of Payment

Date: _____

Client Name: _____

Job Site Address: _____

City, State Zip: _____

Insurance Company/ Agency: _____

Insurance Adjuster: _____

Claim #: _____

I (we) herby authorize that payment from my Insurance Company be made directly to Cleaning And Restoration Experts.

Signature: _____ Date: ___/___/___
Owner/Owners Agent

Signature: _____ Date: ___/___/___
Representative of C.A.R.E.

www.swcare.com

info@swcare.com

1480 Industrial Road • Cortez, CO • 81321

10 Town Plaza #429 • Durango, CO • 81301

(970)564-0800

(970)247-2626

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