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PAYMENT AUTHORIZATION

Date: \_\_\_\_\_

This payment authorization is in conjunction with claim number:  
\_\_\_\_\_ against my policy number:\_\_\_\_\_.

I, \_\_\_\_\_, hereby authorize my Insurance  
Company, \_\_\_\_\_, to make prompt direct payment to Dial Electronics, Inc.  
for products and services rendered.

X: \_\_\_\_\_ (Signature of Insured)  
\_\_\_\_\_ (Print Name of Insured)

X: \_\_\_\_\_ (Signature of Insured)  
\_\_\_\_\_ (Print Name of Insured)