



File Number: _____

REQUEST TO SELF-REPAIR VEHICLE DAMAGED IN ACCIDENT

Member's Name: _____

Loan Number: _____

Vehicle Year: _____

Make/Model: _____

Vehicle Identification Number (VIN): _____

You have indicated that repairs to the above vehicle will be done by you instead of a commercial repair shop. In order for PenFed to release an insurance check directly to you to accomplish the repairs, please complete the bottom half of this form and return to us in the enclosed business reply envelope.

The check cannot be endorsed to you until we have received this completed form.

To: *Pentagon Federal Credit Union (PenFed)*

Extent of Damage to Vehicle:

Parts to be Purchased:	Estimated Cost

**If additional space is required, please attach separate sheet*

The information that I have furnished above is true and correct to the best of my knowledge AND I agree to complete the repairs within 60 days.

Member Signature: _____ Date: _____