

Authorization to Cancel

Process date: _____ **Customer/DL #:** _____

Contact #: _____

I, _____ AUTHORIZE _____

TO CANCEL THE INSURANCE ON MY:

Year: _____ **Make:** _____ **Model:** _____

Plate: _____

Reason for cancel:

_____ Disposal of vehicle _____ Not insuring _____ Other

Plates:

_____ Surrendering _____ Keeping

Credit:

_____ Request refund cheque _____ Keep credit on account for future use

Mail out paperwork:

_____ Yes _____ No To home address: _____ Yes _____ No

Other: _____

Signature of Registered Owner