

# Autopac Authorization Form

(renew/cancel)

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

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

Registered owner's driver's license/customer number: \_\_\_\_\_

Registered owner's phone number: \_\_\_\_\_

## Vehicle Description

Year / plate number: \_\_\_\_\_ / \_\_\_\_\_

Make & model: \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_ to:

**Renew my insurance**

### Options

- Full payment
- 4 payments
- 12 pre-authorized withdrawals →  
withdrawal day \_\_\_\_\_

### **Reason for not attending our office:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Coverage

- Keep the coverage as is
- Change to storage use
- Auto Loss of Use (*per day*) →
  - Basic
  - Level 1
  - Level 2
- Change to →

### **Deductible**

- \$500
- \$300
- \$200
- \$100

### **Liability**

- \$200,000
- \$1,000,000
- \$2,000,000
- \$5,000,000

**Cancel my insurance**

### Reason for Cancel

- Disposal of vehicle
- Competitor Product
- Not insuring
- Other

### Credit

- Request refund cheque
- Keep credit on the account

### Coverage

- No coverage
- Change to storage insurance →
  - Use credit
  - Use payment

**Registered Owner's Signature:** \_\_\_\_\_