

Customer Authorization to Renew, Cancel or Change Autopac Insurance

Customer Number: _____ Driver's Licence Number: _____

I, _____ hereby authorize _____
 (Print your Name) (Print Name and Contact Telephone Number)

To complete the following transaction(s) on my/our behalf on the following vehicle(s):

 (Licence Plate Number, Year, Make & Model of Vehicle, VIN)

Vehicle Transaction: (select all that apply)

- Renewal/Reactivation/Reapplication Mid Term Change
 New Application Cancellation

Short Term Effective Date: _____ Expiry Date: _____

- | | | | |
|--|---|---------------------------------------|-----------------------------------|
| Policy Coverage: | Deductible: | Third-Party Liability: | Extension Loss of Use: |
| <input type="checkbox"/> All Purpose | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> Level 1 |
| <input type="checkbox"/> Pleasure | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> Level 2 |
| <input type="checkbox"/> Other, Specify: | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> Declined |
| | <input type="checkbox"/> \$200 Standard | <input type="checkbox"/> \$5,000,000 | |
| | <input type="checkbox"/> \$200 Plus | <input type="checkbox"/> \$7,000,000 | |
| <input type="checkbox"/> Commuter | | <input type="checkbox"/> \$10,000,000 | |

Excess Value over \$70,000: _____ **New Vehicle Protection** _____

Declared Value (if applicable): _____ **Leased Vehicle Protection** _____

Off-Road Vehicle options:		Motorcycle Options:		Other Options:
Third Party Liability		Collision Coverage		
	\$500,000			
	\$1,000,000			
	\$2,000,000			
Accident Benefits				
Collision Coverage				
	\$500 Deductible			
	\$200 Deductible			
Comprehensive Coverage				
	\$500 Deductible			
	\$200 Deductible			

Layup Insurance
 Effective Date: _____

Cancellation Date: _____

Manitoba Address where vehicle is stored: _____

Lay-up Insurance Declined (Initials) _____

Plates Surrendered: YES NO

 Registered Owner's Signature

 Authorized Person's Signature

 Date

If the changes result in a credit, please: Mail my credit out **OR** Leave credit on my account
 Please mail out the paperwork to: My home address **OR** Other

Other: _____

THIS PAGE WILL NOT BE FORWARDED TO ANY THIRD PARTIES

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

Payment Options

Payment Method

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Full Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Four Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |

Credit Card Authorization

Credit Card: MasterCard VISA

Name on Card (please print): _____

Card Number: _____

Expiry Date: _____

CVV Number on back of card(we recommend you phone this in rather than provide it in writing): _____

Pre-Authorized Payment Financing Agreement

12 Pre-Authorized payments from your bank account

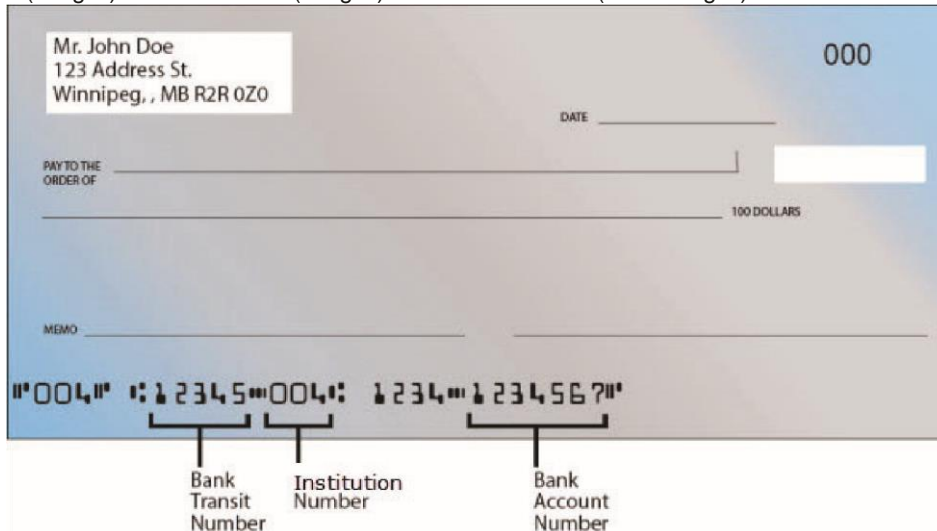
Bank Account Information: (You may include a void cheque or bank account details available from your financial institution with this form.)

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Transit No.
(5 digits)

Institution No.
(3 digits)

Account No.
(7 to 12 digits)



Mr. John Doe
123 Address St.
Winnipeg, MB R2R 0Z0

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DATE _____

PAY TO THE ORDER OF _____

100 DOLLARS

MEMO _____

⑈004⑈ ⑆12345⑈004⑆ ⑆1234⑈1234567⑈

Bank Transit Number Institution Number Bank Account Number