

AUTOPAC AUTHORIZATION

**HAVE YOU RENEWED YOUR DRIVER'S LICENCE? IF NOT,
PLEASE COMPLETE THE DRIVER LICENCE AUTHORIZATION FORM.**

I, _____
(your name) _____
(Driver's license or customer number)

hereby authorize _____ to
(Name of person doing this on your behalf)

RENEW _____ CANCEL _____ TRANSFER _____ CHANGE _____

EFFECTIVE _____

MY _____
(Year) (Make & Model) (Plate)

MY _____
(Year) (Make & Model) (Plate)

WITH THE FOLLOWING COVERAGES:

USE: All Purpose _____ Pleasure _____ Common Carrier _____ Other _____

DEDUCTIBLE: \$500 _____ \$300 _____ \$200 _____ \$100 _____

LIABILITY: \$200,000 _____ \$1 Million _____ \$2 Million _____ \$5 Million _____

LOSS OF USE: Decline _____ Level 1 _____ Level 2 _____

CHANGE TO LAYUP: _____ VEHICLE STORED IN MANITOBA: _____

WITH THE FOLLOWING PAYMENT METHOD:

FULL _____ 4 PAYMENTS _____ PRE-AUTHORIZED MONTHLY _____

Signature

Date

Signature of person renewing on your behalf _____

Comments & Additional Information:

Phone: _____ Cell: _____ Email: _____

Request Refund _____ Payment Required _____