



# Autopac Authorization Form

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

Customer Number or Driver's License: \_\_\_\_\_

## Vehicle Description

Plate Number: \_\_\_\_\_

Year: \_\_\_\_\_

Make & Model: \_\_\_\_\_

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

### Renew My Insurance

#### **Coverage:**

Keep the coverage as is

#### **Deductible:**

#### **Liability:**

Change to Storage Use

\$100

\$5,000,000

All Purpose

Pleasure

\$200

\$2,000,000

#### **Auto Loss Of Use:**

\$300

\$1,000,000

Level 1

Level 2

\$500

\$200,000

### Cancel My Insurance

#### **Reason For Canceling:**

#### **Coverage:**

Disposal of Vehicle

Competitor Product

No coverage required

Not Insuring

Other

Change to Storage Insurance

#### **Payment Options:**

Full Payment

#### **Credit Card Payment:**

4 Payments

Visa

Mastercard

12 Pre-Authorized Withdrawals

Credit Card #: \_\_\_\_\_

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

Expiry: \_\_\_\_/\_\_\_\_

#### **If I Receive A Credit:**

Request refund cheque

Keep credit on account

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