



AUTOPAC AUTHORIZATION FORM

I, _____ Drivers Lic. # _____

Hereby authorize _____

To: Renew Register Cancel

Transfer Change Other (Please Specify Below)

YEAR	MAKE/MODEL	SERIAL NUMBER	PLATE #

1. Type of Insurance: Pleasure All Purpose Other _____
2. Deductible: \$750 \$500 \$300 \$200 Standard \$200 Plus
3. Liability Coverage: \$500 000 \$1 000 000 \$2 000 000
- \$5 000 000 \$7 000 000 \$10 000 000
4. Auto Loss of Use: Level 1 Level 2 None
5. Maximum Insurance Value \$

Payment Options: Full Payment 4 Time Payments 12 Pre-authorized Withdrawals

Payment Method: Cheque (Made out to _____ Extend Ins.) Cash MasterCard Visa

Credit Card #: _____ Expiry Date: _____ CVV Code _____

Account Information for Pre-authorized Payments:

Bank #: _____ Transit #: _____ Account #: _____

Signature: _____

Date: _____

Return Form By:

Fax (204) 325-7690

Email: info@extendinsurance.ca