

# **AUTOPAC AUTHORIZATION FORM**

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

MPI Customer # \_\_\_\_\_

Driver's License # \_\_\_\_\_

## **Vehicle**

Plate No.: \_\_\_\_\_

Make: \_\_\_\_\_

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

Model: \_\_\_\_\_

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

- Renew my insurance**       **Change my insurance**

<b><u>Coverage:</u></b>			
<input type="checkbox"/> Lay up/storage	<u>Deductible</u>	<u>Liability</u>	<u>Use</u>
	<input type="checkbox"/> \$100	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> All Purpose
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> Pleasure
<u>Auto Loss of Use</u>	<input type="checkbox"/> \$300	<input type="checkbox"/> \$1,000,000	
<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> None	<input type="checkbox"/> \$500	<input type="checkbox"/> \$200,000	
Short Term Policy:   From _____ to _____			
	MM/DD/YYYY	MM/DD/YYYY	

- Cancel my insurance**

<b><u>Reason for cancelling:</u></b>	<b><u>Coverage:</u></b>
<input type="checkbox"/> Disposal of vehicle <input type="checkbox"/> Competitor Product	<input type="checkbox"/> No coverage required
<input type="checkbox"/> Not insuring <input type="checkbox"/> Other	<input type="checkbox"/> Change to lay up/storage

<b><u>Payment Options:</u></b>	
<input type="checkbox"/> Full payment	<b><u>Credit Card Payment:</u></b>
<input type="checkbox"/> 4 payments	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
<input type="checkbox"/> 12 pre-authorized withdrawals	Card #: _____
Withdrawal date: _____	Expiry: ____/____
Bank account or Credit Card holder's signature: _____	
<b><u>If I Receive a Credit:</u></b>	
<input type="checkbox"/> Request refund cheque [Mailing address: _____]	
<input type="checkbox"/> Keep credit on account	

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

Authorized Individual's signature: \_\_\_\_\_