

APPOINTMENT SCHEDULE
AUTOPAC AUTHORIZATION

Date: _____

Customer Number / Drivers Licence Number: _____

I, _____, hereby authorize **Lowey Insurance Agency Inc.** to complete the following Autopac transaction:

Schedule the following appointment:

Class of Licence: _____ **WRITTEN / ROAD**

Service Centre Location: _____

Preferred Time Slot: _____
*Must arrive 15 minutes prior to appointment time _____ (INITIAL)

Payment:
VISA / MC : _____ EXP: ____ / ____

X _____
CARDHOLDER SIGNATURE

PRE-PAID ON FILE: _____ (INITIAL)

**** I understand that signing this authorization form allows Lowey Insurance to access my Manitoba Public Insurance Customer information without my presence.**

X _____
SIGNATURE OF CUSTOMER

PH #: _____

PH #: _____

X _____
CO-SIGNATURE