

DRIVER'S EDUCATION:
AUTOPAC AUTHORIZATION

Date: _____

Customer Number / Drivers Licence Number: _____

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

Schedule appointment for Driver's Education:

Course Date & Time: _____

School Division/High School: _____

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