

RENTAL CAR AUTHORIZATION FORM

CUSTOMER CONTACT DETAILS	
Driver Licence Number:	
Phone Number:	
Email Address:	

I, _____ AUTHORIZE _____
TO SIGN ON MY BEHALF FOR A RENTAL CAR POLICY.

_____ I am the person on the Rental Contract Agreement.

I would like the policy to be effective for the dates of _____
TO _____.

I am picking up the car in: _____ Manitoba _____ Canada _____ United States

*** Once policy is processed, we will email you a copy for your records ***

Date Requested

Signature

**** The person whose name is on the CONTRACT must match the name on the MPI POLICY ****

Customer Unavailable – Declaration of Residency

A) I, _____, of _____, in _____,
 (Print Name) (Print Street Address or section number)

_____, in the Province of Manitoba do hereby declare that
 (Print City or Town)

I am a resident of the Province of Manitoba that my permanent address is indicated above, and that I am legally entitled to be in Canada.

My Manitoba Public Insurance Customer Number is: _____ and/or

My driver's licence number is: _____.

(Please Print)

B) I am temporarily absent from Manitoba because I am:

- attending a course of study full time at an educational institution (university, college, technical or high school, or other institution of learning recognized by the registrar) outside Manitoba.
- taking a sabbatical leave, advanced or supplementary training or instruction while on educational leave from employment.
- serving as a missionary or aid worker on behalf of a religious or non-profit organization approved as a registered charity under the Income Tax Act (Canada). employed with the Government of Manitoba, the Government of Canada, or an agency of either.
- temporarily absent from Manitoba for the purpose of assuming a temporary employment or fulfilling a contract. You must check with the jurisdiction you are temporarily in and comply with their rules.
- away for the winter (Snowbird), on vacation, for some other reason (please specify)

_____ and intend to return immediately after completion of the above indicated reason and providing reasonable travelling time on: _____.

I am in Manitoba but unable to attend in person because:

_____.

(Provide reason e.g., hospitalized)

I authorize _____ to renew/purchase my driver's licence. I also authorize this person to renew/purchase vehicle registration and insurance policy(s) on my behalf if this form is accompanied with detailed authorization.

I make this application to the registrar of motor vehicles in support of my application of the renewal of my Manitoba driver's licence, and/or vehicle registration and insurance policy(s).

DATE

SIGNATURE

PAYMENT AUTHORIZATION FORM

THIS PAGE WILL NOT BE FORWARDED TO ANY THIRD PARTIES

Payment Options - Customer Authorization for Vehicle Registration and Insurance Transactions

Payment Options

Payment Method

- | | | | | |
|---------------------------------------|-------------------------------------|---------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Full Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |
| <input type="checkbox"/> Four Payment | <input type="checkbox"/> Bank Draft | <input type="checkbox"/> Cheque | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order |

Credit Card Authorization

Credit Card: MasterCard VISA

Name on Card (please print): _____

Card Number: _____

Expiry Date: _____

CVV Number on back of card(we recommend you phone this in rather than provide it in writing): _____

Pre-Authorized Payment Financing Agreement

12 Pre-Authorized payments from your bank account

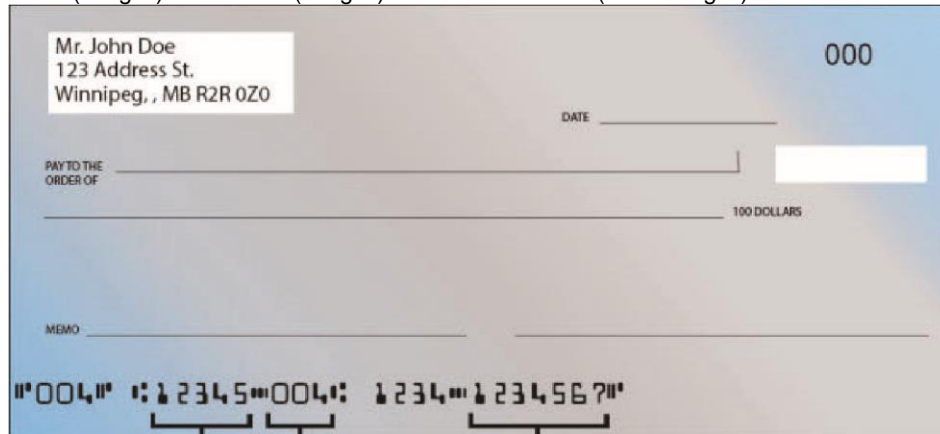
Bank Account Information: (You may include a void cheque or bank account details available from your financial institution with this form.)

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Transit No.
(5 digits)

Institution No.
(3 digits)

Account No.
(7 to 12 digits)



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Bank Transit Number	Institution Number	Bank Account Number