

To: IFS Financial Services Inc.

Re: Premium Finance Contract # _____

I/We _____ authorize a debit to my/our Bank Account in the amount of \$_____ for the Down Payment stated on the Premium Finance Contract # _____.

I/We understand that in the event that debit is unsatisfied IFS will not provide financing for the policies described in the afore stated premium finance contract and the policies therein will be cancelled.

I/We have attached a VOID cheque to the contract disclosing my/our banking information which is to be used for this debit.

Signed Date

Witness Date

FAX to IFS Financial Services Inc.: 1-800-453-5736