To: IFS Financial Services Inc.

Re: Premium Finance Contract # _____

I/We au	uthorize 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