



**To: IFS Financial Services Inc.
Suite 1 - 250 Brownlow Ave
Dartmouth NS B3B 1W9**

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

**Scan and email to helen@ifs-finance.com
or FAX to IFS Financial Services Inc.: 1-800-453-5736**