

Applying for payment by credit card

- 1. Fill in the authorization form
- 2. Sign and date the form
- 3. Keep a copy for your records
- 4. Mail to Intact Insurance Company at:

Billing & Accounts Receivable Department
1200, 321 - 6th Avenue SW
Calgary, Alberta, T2P 4W7

or Fax us at: 403-231-1392

Credit card authorization form for one and three pay plans only (please print)

I have provided personal information in this document and otherwise I may in the future provide further personal information. I authorize my broker or insurance company to collect, use and disclose any personal information, subject to the law and to my broker's or insurance company's policy regarding personal information, for the purpose of facilitating the payment of premiums related to my insurance policy. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard	
Policy Number		Your Insurance Broker	
Last Name		First Name	
Option 1: One Pay Plan			
Payment Date ____ / ____ / ____ (DD/MM/YYYY) Amount: \$_____			
Option 2: Three Pay Plan			
1st Payment Date ____ / ____ / ____ (DD/MM/YYYY) Amount: \$_____			
2nd Payment Date ____ / ____ / ____ (DD/MM/YYYY) Amount: \$_____			
3rd Payment Date ____ / ____ / ____ (DD/MM/YYYY) Amount: \$_____			
* A \$35 instalment fee applies and is due on the 1st instalment.			
Province you reside in		Insurer: <input type="radio"/> Intact Insurance Company <input type="radio"/> Novex Insurance Company	

Credit Card Number	Credit Card Expiry Date																
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_____	_____
Signature	Date

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