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 at:
   Billing & Accounts Receivable Department
   1200, 321 - 6th Avenue SW
   Calgary, Alberta, T2P 3H3
   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.

☐ **Visa** ☐ **Master Card**

Policy Number	Your Insurance Broker
Last Name	First Name

Option 1: One Pay Plan

Payment Date ___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY) Amount: $_____

☐ I want to register my credit card for current and future premium payments and credits

Any current or future payments will be automatically charged to your credit card on the due date shown on your billing statement. Note that any additional premium generated on your policy during the policy term will be automatically charged to your credit card. Also, any premium credits applied to your policy during the policy term may automatically be credited to your card. If at any time you wish to discontinue Automatic Credit Card Payments, please notify us fourteen (14) days prior to the due date, or your credit card may be charged.

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 is charged where applicable and is due on the 1st payment.

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Province you reside in	Insurer: ❍ Intact Insurance Company ❍ Novex Insurance Company

Credit Card Number

Credit Card Expiry Date

__ __ / __ __ __ __
Month Year

Cardholder Name _____

Cardholder Signature _____

Date _____

58964 (03/13)

Intact Insurance Company
Novex Insurance Company

intact