## **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 700 University Avenue, Suite 1500, Toronto, Ontario M5G 0A1 OR Fax us at: 416 440 8530

## 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: \$	
Option 2: Three Pay Plan	
<b>1st</b> Payment Date / / (D	D/MM/YYYY) Amount: \$
<b>2nd</b> Payment Date / / (I	DD/MM/YYYY) Amount: \$
3rd Payment Date / / (I	DD/MM/YYYY) Amount: \$
* A \$35 instalment fee is charged where applicable and is due on the 1st payment.	
Province you reside in	Insurer: Intact Insurance Company Novex Insurance Company
Credit Card Number Credit Card Expiry Date	
	/
	Month Year
Signature	Date

