

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.

<input type="checkbox"/> Visa		<input type="checkbox"/> Master Card	
Province you reside in	Insurer: <input type="checkbox"/> Intact Insurance Company <input type="checkbox"/> Novex Insurance Company		
Policy Number	Your Insurance Broker		
Last Name	First Name		
Option 1: One Pay Plan			
Full Payment Amount: \$ _____			
<input type="checkbox"/> Register Credit Card for Automatic Payments <i>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 within fourteen (14) days prior to the due date, or your credit card may be charged.</i>			
Option 2: Three Pay Plan			
1st Payment Amount: \$ _____			
2nd Payment Amount: \$ _____			
3rd Payment Amount: \$ _____			
* A \$35 instalment fee is charged where applicable and is due on the 1st payment.			
<input type="checkbox"/> Register Credit Card for Automatic Payments <i>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 within fourteen (14) days prior to the due date, or your credit card may be charged.</i>			

Credit Card Number

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Credit Card Expiry Date

____	/	____	____
Month		Year	

Cardholder Name

Cardholder Signature

Date

Intact Insurance Company | Novex Insurance Company