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**
indicating your company (Intact Insurance Company or Novex Insurance Company) and province you reside in.

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** ☐ **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.

Credit Card Number

Credit Card Expiry Date

___ ___ / ___ ___ ___ ___
Month Year

_____ _____
Signature Date

58964

You're back. intact INSURANCE