

# 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 JEVCO Insurance at:  
 Billing & Accounts Receivable Department  
 700 University Avenue, Suite 1500,  
 Toronto, Ontario M5G 0A1

OR Fax us at: 1 855 301 6933

## Credit card authorization form for one pay plan 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"/> <b>Visa</b>	<input type="checkbox"/> <b>Master Card</b>
Policy Number	Your Insurance Broker
Last Name	First Name
<b>One Pay Plan</b>  Full Payment     Amount: \$ _____  <input type="checkbox"/> I want to register my card for current and future payments and credits. <small><i>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></small>	

Credit Card Number

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Credit Card Expiry Date

\_\_\_\_\_ / \_\_\_\_\_  
 Month                                      Year

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

JEVCO Insurance Company

