Trafalgar INSURANCE COMPANY OF CANADA

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 Trafalgar Insurance at:
   Billing & Accounts Receivable Department
   700 University Avenue, Suite 1500,
   Toronto, Ontario M5G 0A1
   OR Fax us at: 416 440 8530, indicating your company (Trafalgar Insurance) 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 ☐ 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

1st Payment Date ___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY) Amount: $_____

2nd Payment Date ___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY) Amount: $_____

3rd Payment Date ___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY) Amount: $_____

Credit Card Number

Credit Card Expiry Date

__ __ / __ __ __ __
Month Year

Signature _____ Date _____