NAME: _____ POLICY NUMBER: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____

The Economical Insurance Group

CREDIT CARD PAYMENT AUTHORIZATION

○ Economical Insurance ○ Waterloo Insurance ○ Missisquoi Insurance ○ Perth Insurance	Policy Type: ○ Automobile ☐ Personal ○ Property ☐ Commercial	○ New Business **OR** Policy #:	Account #: (if available)

Name of Insured (as per policy):	Name as shown on Card:	Expiry Date on Card: Month / Year

Credit Card: ○ MasterCard ○ Visa	Credit Card Number:

Amount:	Signature of Card Holder:	Date:

Card Holder:

1. Complete the *Credit Card Payment Authorization* form providing all known information.
2. Submit the form to your insurance broker via hand delivery, mail or fax.

Insurance Broker *:

If using EDI ...

Submit the credit card payment information with the electronic application.

If submitting paper applications ...

Submit a photocopy of the *Credit Card Payment Authorization* form along with the paper application for insurance.

If submitting an extra payment mid-term ...

Submit a photocopy of the *Credit Card Payment Authorization* form via courier or fax.

* *In all cases retain the original completed* Credit Card Payment Authorization *form for at least one calendar year.*