



DRAYDEN
INSURANCE LTD.

Here. For you.

CREDIT CARD AUTHORIZATION FORM

*Please complete the information below
and return to your Drayden broker.*

Thank you in advance.

| | |
|---|--|
| Today's date: mmm/dd/yyyy | |
| Insured's Information | |
| Insured: (Full name or names on policy if more than one) | |
| (1) | (2) |
| Policy Number | Effective Date: mmm/dd/yyyy (Start date of policy) |
| Drayden Branch: (Location– i.e. Edmonton, Morinville, etc.) | Broker: (Your broker's name) |
| Phone number at Branch: (Please refer to website) (780) - | Fax number at Branch: (Please refer to website) (780) - |

| | | | | | | | | | | | | | |
|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Credit Card Authorization | | | | | | | | | | | | | |
| Authorization to use my | | | | | | | | | | | | | |
| <input type="checkbox"/> Visa | | | <input type="checkbox"/> MasterCard | | | | <input type="checkbox"/> American Express* (for Wawanesa ONLY) | | | | | | |
| To pay your premium by Visa, MasterCard or American Express, simply complete this entire form and return it to your broker. Your premium will be debited to your Visa, MasterCard or American Express account as a convenient method of payment. | | | | | | | | | | | | | |
| <i>*Please Note: Wawanesa is the only insurance company that will accept American Express as payment and no other insurers.</i> | | | | | | | | | | | | | |
| Credit Card Holder & Policy Information | | | | | | | | | | | | | |
| Name (As it appears on the credit card) | | | | | | | | | | | | | |
| Insuring Company**: (Company on policy) | | | | | | | Policy #: (As written above) | | | | | | |
| Credit Card Number | | | | | | | | | | | | | |
| Credit Card Expiry Date: / | Premium Amount: (Full amount on policy) | | \$ | | | | | | | | | | |
| SIGNATURE OF CARD HOLDER | | | | | | | | | | | | | |
| X | | | | | | | | | | | | | |

***Drayden is the brokerage not the insurance company. Please fill in the name of the insurance company as shown on your policy.*