AB SOUTHERN INSURANCE LIMITED

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Wawanesa Insurance

CREDIT CARD AUTHORIZATION FORM

☐ VISA ☐ MasterCard ☐ American Express (15 digits) **Please Print**

Credit Card Number _____ Expiry Date (month/year) ___ / ___

Name as Shown on Credit Card _____

Policy Number _____ Payment Amount $ _____ . ___

Use the payment amount as shown on your Billing Stub

I authorize my broker and insurance company to collect, use and disclose any of the personal information contained herein subject to law and to my broker's or insurance company's policy regarding personal information, for the purposes necessary to deduct payments for my insurance premium.

Cardholder Signature X _____ Date Signed _____
Day / Month / Year

Prepared by _____

Broker Number _____

Please return this authorization with your **Billing Stub**.

NSF fees may be charged for non-authorized items. Cardholder will pay the issuer the above amount pursuant to the cardholder agreement.

The undersigned agrees that an electronic reproduction of this document shall be binding upon the undersigned as if it were the original.

8833-072010