



Insured's Name	Policy Number	Effective Date ____/____/____ month day year
Broker's Name	Broker Number	Today's Date ____/____/____ month day year

VISA		MASTERCARD	
Card Number	Card Number	Card Number	Card Number
____	____	____	____
Effective Date: ____/____ month year	Expiry Date: ____/____ month year	Amount: \$ _____	<input type="checkbox"/> Charge <input type="checkbox"/> Refund

Payment Made:

By Telephone In Person (Requires Authorized Signature below)

Name of Cardholder:	Authorized Signature (if completed in person):
_____	_____

Form Completed By:

Broker AXA

Representative _____ Representative _____
(Please Print Name) (Please Print Name)

FOR FINANCIAL SERVICES USE ONLY	Date Processed
Authorization Number	____/____/____ month day year

Debit Card: To be accepted in person only at AXA Insurance 5700 Yonge Street, Suite 1400, North York, Ontario or AXA Insurance 217 York Street, 4th Floor, London, Ontario

Payment Received: By Mail By Telephone In-House

Note: All refunds will be credited to Cardholder Number