

BERTIE AND CLINTON MUTUAL INSURANCE COMPANY

1789 MERRITTVILLE HIGHWAY, R.R. #2
WELLAND, ONTARIO L3B 5N5

MASTERCARD OR VISA PAYMENT AUTHORIZATION (FULL PREMIUM PAYMENT ONLY)

Policyholder Information:

Policyholder Name: _____
Policy No. Payment Applies to: _____
Date to Process Payment: _____ Amount of Payment: \$ _____

Credit Card Information:

Name as Shown on Card: _____
Credit Card No.: _____
Expiry Date: ____ / ____
Card Type: Mastercard Visa
Signature: _____ Date: _____

TEAR HERE -----TEAR HERE

All information must be completed legibly and in full for the transaction to be completed.

Please fax to: 905-892-0365

Or send by mail to: 1789 Merrittville Highway, RR #2
Welland ON, L3B 5N5

Or scan this form and email to: mail@bertieandclinton.com

The above credit card payment form is to be used for FULL PREMIUM PAYMENT ONLY. In order to take advantage of this payment option, please fill out all of the required information in the form, sign and return the form along with your policy renewal invoice to our office. This form can be mailed to our office in the enclosed self-addressed envelope or it can be faxed to our office (see above) or it can be scanned and sent to our e-mail address (see above).

Please note this form will only be used for this one time payment only.

SEE REVERSE FOR OUR PRE-AUTHORIZED MONTHLY PAYMENT PLAN OPTION

FOR ANY OTHER PAYMENT PLAN OPTIONS, PLEASE CONTACT YOUR AGENT/ BROKER