

Change in Banking Information Form

1. Please complete and sign this form to authorize your change.
2. Keep a copy for your records.
3. Attach a cheque marked VOID and mail to Intact Insurance Company at:

Billing & Accounts Receivable Department
1200, 321 - 6th Avenue SW
Calgary, Alberta, T2P 4W7

or Fax us at: 403-231-1392

Province you reside in	Insurer: <input type="radio"/> Intact Insurance Company <input type="radio"/> Novex Insurance Company	
Policy Number	Your Insurance Broker	
Last Name	First Name	
Company Name (If the insured is a business)		
Alternate Withdrawal Date (If different from policy effective date)		
Name of Financial Institution		
Branch Transit Number	Bank Number	Account Number

58963

Signature

Date

Changes to bank account information require 14 days' advance notice.

Preauthorized payment terms and conditions described in the monthly payment plan authorization form originally signed will continue to apply.