

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 at:
Billing & Accounts Receivable Department
700 University Avenue, Suite 1500,
Toronto, Ontario M5G 0A1
OR Fax us at: 416 440 8530

| | | | | | |
|---|--|-------------|--|----------------|--|
| Province you reside in | | | Insurer: <input type="checkbox"/> Intact Insurance Company <input type="checkbox"/> 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 | |

Changes to bank account information require 14 days' advance notice.
The preauthorized payment terms and conditions described in the monthly payment plan authorization form originally signed will continue to apply.

Signature

Date

