

Credit Card Authorization

Note to Broker: Please enter information on Broker Portal and retain this form in your file - do not forward a copy to The Dominion.

Insured's Name		
Insured's Address		
Policy Number		
Date Due		
Amount Paid	\$	
Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Expiry Date
Account Number		
Cardholder's Signature		