



MONTHLY PAYMENT AUTHORIZATION FORM
TO PRE-AUTHORIZE CREDIT CARD CHARGES ON THE MONTHLY PAYMENT OPTION

This document must be completed IN FULL. Incomplete forms will not be accepted.

1. Policy Number: _____

2. Named Insured(s): Insured 1 (Last/First): _____
(as shown on policy) Insured 2 (Last/First): _____

3. Address while in Canada: _____

4. Acknowledgement/Authorization: I authorize 21st Century Travel Insurance Limited (21st Century) to charge the initial deposit equal to two (2) months of premium, the policy fee, and to make automatic monthly charges to my credit card for monthly insurance premiums due upon the activation of coverage and in each subsequent month thereafter until the total policy premium has been paid in full, unless coverage is terminated in accordance with the policy. Charges to my credit card may be for variable amounts, as they may change in accordance with changes made to the policy. I waive the right to receive further notice of the date of each automatic charge to my credit card. If the charge is not honoured when submitted, 21st Century may attempt to charge that premium payment again within the next 30 days. 21st Century reserves the right to ask for an alternate credit card if payment is not honoured. I agree that a \$25 processing fee may be charged to my card in the event of each failed payment. I or 21st Century may end this payment agreement at any time by giving written notice, at which time any remaining balance of the total policy premium that has not yet been collected will become payable as a lump sum. I understand that cancelling this pre-authorized credit card charge agreement may result in loss of insurance coverage unless 21st Century receives another acceptable form of payment. I understand that failure to maintain adequate emergency medical insurance as required by Immigration, Refugees & Citizenship Canada (IRCC) is something 21st Century may be required to report to IRCC. Any refund of premium paid pursuant to this authorization shall be made to the credit card holder. I authorize 21st Century to disclose personal information in this authorization form to its financial institution and/or processing centre as required for the proper execution of the premium transactions for the policy number specified above.

5. Credit Card Information Payment Option (Check one): ___ Visa ___ MasterCard

6. Cardholder's Name: (exactly as it appears on card) _____

7. Billing Address: (as shown on credit card statement) _____

8. Cardholder Contact Info: Phone: _____ Cell: _____ Email: _____

9. Credit Card Number: _____ Expiry Date: ___ / ___ Security Code: See NOTE below
MM / YY

NOTE: The 3-digit security code on the back of the card cannot be written on this form for security reasons. Your agent, when processing this application, will ask you for your code. This form is still required to complete your application.

If this form is being submitted to change credit card details previously provided to us, fax or email the form as instructed below and then call 1-800-567-0021 to provide the security code during business hours 9:00 to 5:00 EST.

10. Cardholder's Signature: _____ Date: _____

Electronic and/or digital signatures ARE NOT acceptable.

MM/DD/YYYY

If you have any questions about our charges to your credit card account, contact us at 1-800-567-0021 or write to us at 21st Century Travel Insurance Limited, 1040 Division St., Unit 18, Cobourg, Ontario K9A 5Y5, Canada (o/a 21st Century Travel Insurance Services in British Columbia).

Fax completed form to 1-866-285-5727 or email to info@21stcenturytravelins.com within 3 business days of the policy being issued. Failure to do so will result in the entire 365-day premium becoming immediately due and payable.