Reset Form

Credit Card Payment Notice

☐ AXA Insurance (Canada)

☐ AXA Pacific Insurance Company

Insured's Name	Policy Number	Effective Date
		MM/DD/YYYY
Broker's Name	**Broker Number**	**Today's Date**
		MM/DD/YYYY

VISA

Card Number

Effective Date MM / YY

Expiry Date MM / YY

Amount $

MASTERCARD

Card Number

☐ Charge
☐ Refund

Payment Made

☐ By Telephone ☐ In Person (Requires Signature Below)

Name Of Card Holder

Authorized Signature (if completed in person)

Form Completed By

☐ Broker or ☐ AXA Representative Name (Please Print) _____

FOR FINANCIAL SERVICES USE ONLY

Authorization Number

Date Processed MM / DD / YYYY

Payment Received

☐ By Mail ☐ By Telephone ☐ In-House

Please Note: *All credit payments will be processed upon receipt of this form and all refunds will be credited to the cardholder number.*

Toronto Office
5700 Yonge Street
North York, Ontario
M2M 4K2
Attn: Financial Services

To Prevent Double Processing this Request
Please Only Mail or Fax This Form to Us.
Do Not Send Twice! THANK YOU!