



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

1. Policy Number : _____

2. Named Insured(s): Insured 1 (Last/First): _____

(as shown on policy) Insured 2 (Last/First): _____

Address while in Canada: _____

3. Acknowledgement/Authorization I/We authorize 21st Century Travel Insurance Limited (21st Century) to charge the initial two (2) months deposit premium, the policy fee, and to make automatic monthly charges to my/our credit card for monthly insurance premiums due upon the activation of my/our coverage in accordance with my Policy Endorsement until a total of 12 monthly payments have paid in full, unless my/our coverage is terminated in accordance with my Policy Endorsement. Charges to my/our credit card may be for variable amounts, as they may change in accordance with changes made to the above policy. I/We waive the right to receive further notice of the date of each automatic charge to my/our credit card. If the charge is not honoured when any charge is submitted, 21st Century may attempt to charge that payment again within 30 days. 21st Century reserves the right to ask for an alternative credit card if payment is not honoured. I/We or 21st Century may end this agreement at any time by giving written notice. I/We understand that cancelling this Pre-Authorized Credit Card Charge Agreement may result in loss of insurance coverage unless 21st Century receives another form of payment. I/We understand that failure to maintain adequate emergency medical insurance in force at all times while in Canada as required of Parent and Grandparent Super Visa holders by Citizenship & Immigration Canada (CIC) would be considered a fraudulent activity that 21st Century may be required to report to CIC. Any refund of premium paid pursuant to this authorization shall be made to the credit card holder [or policyholder]. I/We authorize 21st Century to disclose personal information in this authorization form to its financial institution as required for the proper execution of the premium transactions for the policy number specified above.

4. Credit Card Information Payment Option (Check One [X]): [] Visa [] MasterCard

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

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

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

8. Credit Card Number: _____ Expiry Date: ____ / ____ Security Code ____
MM / YY (3-digit code on back of card)

9. Cardholder's Signature: _____ Date: _____
MMM/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.