



# CREDIT CARD AUTHORIZATION FORM

## Customer Information

Policy Number/Application Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

By signing below, I authorize Allstate Insurance Company of Canada to charge my credit card \$\_\_\_\_\_ monthly for payment of my insurance premium.

I understand that any changes to my policy may result in changes to the monthly premium charged to my credit card. I will inform Allstate of any changes made to the card by me, or the card issuer, that will adversely affect Allstate's ability to charge my account for due premium.

I am also aware that a \$50 NSF charge\* will apply if my payment is returned.

**Signature of Cardholder(s)**

**Date**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Allstate**<sup>®</sup>

You're in good hands.