

Change in Banking Information Form

1. Please complete and sign this form to authorize your change.
2. Keep a copy for your records.
3. Attach a cheque marked VOID and mail to Intact Insurance at:

Billing & Accounts Receivable Department
1200, 321 - 6th Avenue SW
Calgary, Alberta, T2P 3H3

or Fax us at: **403-231-1392**

- Intact Insurance Company
 Novex Insurance Company

Province you reside in			Bank information change effective date		
Policy Number			Your Insurance Broker		
Last Name			First Name		
Company Name (If the insured is a business)					
Alternate Withdrawal Date (If different from policy effective date)					
Name of Financial Institution					
Branch Transit Number		Bank Number		Account Number	

Changes to bank account information require 14 days' advance notice.

Preauthorized payment terms and conditions described in the monthly payment plan authorization form originally signed will continue to apply.

Bank Account Holder Signature

Date

58963 (04/13)

Intact Insurance Company
Novex Insurance Company

