

AUTHORIZATION FORM

PAYMENT BY CREDIT CARD

If you would like to pay your invoice by credit card (Visa or MasterCard), please complete the coupon below and fax it to us at (514) 350-5193 or mail it to the following address:

SOGEMEC ASSURANCES
Att. Accounting Department
2 Complexe Desjardins
P.O. Box 217, Station Desjardins
Montréal, Québec
H5B 1G9

Please advise us of any changes regarding your debit (debit date, card expiration date, change in method of payment) at (514) 350-5070 or 1 800 361-5303 ext. 303 or 221.

DETACH AND RETURN COUPON

Invoice No.	Date of invoice	Policy No.	Name of Client	Client No.
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Annual payment Monthly payment

I authorize debiting my credit card for the amount of this invoice ONLY.

I authorize debiting my credit card for the amount of this invoice, as well as any other subsequent renewal payment and/or modifications to this policy, except if directed otherwise by myself.

Visa MasterCard

Signature

Card No.

Expiration (mm/yy)