

## Update your credit card information

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To amend or correct credit card details for your payment option, please complete the information below:

Name: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Credit Card:  Visa Card  
 MasterCard

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

Credit card expiry date (mm/yy): \_\_\_\_/\_\_\_\_

Date this change is effective (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**Please fax this form to:**

Canadian Direct Insurance Inc.  
Attention: Policy Administration Department  
Toll-Free Fax: 1-877-515-4747  
Greater Vancouver Area Fax: (604) 699-3860

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