

# CREDIT CARD AUTHORIZATION FORM



Superintendent of Insurance  
Government of the Northwest Territories

Courier:

5003-49<sup>th</sup> St., LAI-3  
Yellowknife, NT X1A 1P5

General Post:

P.O. Box 1320, LAI-3  
Yellowknife, NT X1A 2L9

Superintendent of Insurance  
(T): 867-767-9177  
Ext. 15080

Licensing & Compliance  
(T): 867-767-9177  
Ext. 15252

(F): 867-920-6133

## STEPS TO FOLLOW:

### 1. CALCULATE THE APPLICABLE FEE BY REFERRING TO THE TABLE BELOW:

License Type (Initial and Renewal – 2 YEAR LICENCE)	No. of Applicants	Amount per application	Amount Due \$ CAD
Life Agent		x \$214	
Accident & Sickness Agent		x \$214	
Life, Accident & Sickness Agent		x \$428	
General Agent		x \$320	
Adjuster		x \$320	
Salesperson		x \$54	
Travel Agent		x \$106	
<b>Total Payment</b>			

### 2. AUTHORIZATION

I, \_\_\_\_\_ authorize the **Government of the Northwest Territories – Office of the Superintendent of Insurance** to charge my credit card as follows:

### 3. CREDIT CARD INFORMATION

Type of Card:      Visa      .      MasterCard      .

Credit Card Number: \_\_\_\_\_ Expiry Date: (month) \_\_\_\_\_ (year) \_\_\_\_\_ CVC/CVV: \_\_\_\_\_

Cardholder's Name (exactly as shown on card): \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_

I hereby authorize the following amount to be applied against this card \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE SIGNED:

FOR THE SAFETY OF YOUR CREDIT CARD INFORMATION WE DO NOT RETAIN CREDIT CARD AUTHORIZATION FORMS AFTER PAYMENT HAS BEEN PROCESSED

PLEASE **DO NOT EMAIL** COMPLETED AUTHORIZATION FORMS