



**Lackner  
McLennan**  
INSURANCE LTD.

## CREDIT CARD AUTHORIZATION

CLIENT NAME:

VISA

MASTERCARD

This premium may be paid by credit card if desired. Simply complete this form and return to Lackner McLennan Insurance with your application. Your premium will be charged to your credit card account as a convenient method of payment.

CREDIT CARD #

EXPIRY DATE:

AMOUNT TO BE CHARGED TO CREDIT CARD (Includes Premium, Policy Fee + PST If Applicable):

I hereby authorize Lackner McLennan Insurance to charge the above noted credit card. The Cardholder agrees to pay total amount shown to card issuer according to Cardholder Agreement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date