Setup Fee Credit Card Payment

FlexSave™

Client Information

Company Name: _____

Contact Person: _____ Phone: _____

Broker Name: _____ Province: _____

Credit Card Information

Please charge $250.00 to my credit card as payment for FlexSave™ Set Up Fee

Card Type: ☐ MasterCard ☐ VISA

The following information should be submitted as it appears on your credit card statement:

Cardholder Name: _____

Address: _____
Street Number Street Name

Postal Code: _____

Card Number: | | | | | | | | | | | | | | | | |

Expiry: | | | | Security Code: | | |
MM YY

Signature: X _____

By signing you agree that the amount specified above will be charged to your credit card. If payment is rejected, your FlexSave™ application will not be processed.

Date: _____
DD/MMM/YYYY

Insert completed form in a separate envelope with FlexSave™ application
and mark attention FINANCE DEPT.
Courier is preferred method of sending credit card information
Credit card information will not be maintained by HUB Financial Inc.
Questions: call 1 (800) 561-2405 Option # 2 (FlexSave™)

HUB

FlexSave™ Division – HUB Financial Inc. 1001, 3700 Steeles Avenue West, Woodbridge, ON L4L 8M9
Phone: 1 (800) 561-2405 (option 2) or Fax: 1 (866) 417-8394 | Email: flexsave@hubfinancial.com

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