

Effectuer un paiement annuel unique

Pour effectuer un paiement annuel unique, l'Assuré peut accéder au site de paiement en cliquant sur le lien présent sur la facture.

Page de destination de paiement Wynward

Payment

Make a Payment by Credit Card

Wynward Insurance Group is pleased to offer the convenience of online credit card payment with Visa or Mastercard.

In order to successfully make a payment you will need your Policy Identification Code and Registration Code located on your Wynward invoice.

If you have any questions about your payment, please contact our billing department at 1-800-665-3351 or email OnlinePayment@wynward.com.

Make a One Time Payment	Register for Payment
<p>Pay your bill in 3 easy steps without registering.</p> <p>Payments made prior to 7pm CST will be posted to your account next day. Payments made after 7pm CST will be posted within 48 hours. For each payment, you will receive a confirmation number for your records.</p> <p>Pay Now</p>	<p>Email</p> <input type="text" value="someone@example.com"/> Password
	<p>Don't have an account Register Now</p> <p>Login Forgot your password?</p>

Your payments will be processed through a third-party (Paymentus) for verification and credit card information will not be retained by Wynward or your broker. For more information on Paymentus please click below.

- Cliquez sur le bouton “Payer maintenant / Pay Now”

Entrer:

- Le code d'identification de la police et le code d'enregistrement du portail figurant sur la facture
- Entrez votre adresse courriel et encore une fois pour confirmer

Fenêtre saisir les informations de paiement

- Payment

Enter Payment Information

All fields are required unless labeled as optional.

First Name Wynward	Middle Name
Last Name Insured	Daytime Phone Number 2045550101
Postal code R3T 2H4	Optional

Due Date Oct 15, 2021

Total Amount Due \$1200.00

Total Amount Paid \$0.00

Pay this Amount \$ 1200.00

Payment Method

VISA MasterCard Credit Card

Card Number 444444444444448 CVV ...

Expiration Date 07 - July 2023

Card Holder Name Wynward Insured

< Back Continue

Current Bill

Policy Identification Code	00313364CL01
Portal Registration Code	863325E2
Service Address	111 Pembina Highway Winnipeg MB R3T 2H4
Due Date	Oct 15, 2021
Total Amount Due	\$1200.00

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Le nom, le code postal, le montant total dû seront affichés.

- Entrez le numéro de téléphone de jour
- Entrez les informations de la carte de crédit
- Cliquez sur le bouton "Continue / Continue "

Fenêtre de confirmation de paiement

— Payment

Confirm Payment

Payment Method  *****4448

Payment Date Now (09/17/2021)

Use this payment method for future payments.

Payment Amount **\$1,200.00**

[Click to read the Payment Authorization Terms](#)

I authorize payment and agree to the Payment Authorization Terms

Click the **PAY** button to complete your payment.

[< Back](#) [Pay \\$1,200.00](#)

Current Bill

Policy Identification Code	00313364CL01
Portal Registration Code	863325E2
Service Address	111 Pembina Highway Winnipeg MB R3T 2H4
Due Date	Oct 15, 2021
Total Amount Due	\$1200.00


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- Cliquez sur la case à cocher pour accepter les conditions d'autorisation de paiement
- Cliquez sur le bouton "Payer/Pay"

Reçu

Payment

**Payment Receipt**

Your payment has been accepted

Confirmation #	53878599
Payment Type	Premium Payment
Policy Identification Code	00313364CLO1
Portal Registration Code	863325E2
Status	ACCEPTED
Payment Date	Sep 17, 2021 – 1:05:01 PM
Payment Method	Visa *****4448
Payment Amount	\$1,200.00

[Print](#) [Make Another Payment](#) [Back to home](#)

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Vous recevrez une confirmation de traitement réussi ainsi qu'un e-mail contenant les informations.

Wynward Insurance Group Payment Confirmation



BillPayment@wynward.com
To wynwardinsured@gmail.com



Wynward Insurance Group Payment Confirmation

Dear Wynward Insured,

We are pleased to confirm your payment with Wynward Insurance Group. Below is the summary of your payment transaction. Your payment has been received and will be posted to your account on the next business day. Thank you for your continued relationship with Wynward Insurance Group..

Confirmation number: **53878599**
Payment date: **Sep 17, 2021**
Total Amount Charged: **1,200.00**

Contact Information

First name: **Wynward**
Last name: **Insured**
Daytime Phone Number: **(204)555-0101**
Email: wynwardinsured@gmail.com

Policy Information

Payment type: **Premium Payment**
Policy ID Code: **00313364CL01**
Postal Code: **R3T2H4**
Payment method: **Credit Card**
Date due: **Oct 15, 2021**

Payment Method Information

Card type: **Visa**
Card number: *******4448**
Card holder name: **Wynward Insured**