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Credit Card Authority

Visa or MasterCard only*

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Name of policy owner
Policy number(s) for which this authority applies
Payment type Debit card Visa MasterCard
Name on credit/debit card
Expiry date M M Y Y
Credit/debit card account number
I/we authorise you, until further notice, to debit my/our credit/debit card account with all amounts which Partners Life Limited may initiate by credit/debit card.
Cardholder's signature Date I I I I Date D D M M Y Y
* Please note that we only accept Visa or MasterCard. We do not accept American Express, Diner's Club etc

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