

+

+

Credit Card Authority

Visa or MasterCard only*

+

| 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 |

+