

Application / Policy no.



# Credit Card Authority

## 1. Life Assured

Title

First name

Surname

Street address

Unit / apartment / building / floor
Street
Suburb
Town / city
Postcode

Postal address *(if different from physical address)*

PO Box / private bag number
Street
Suburb
Town / city
Postcode

Home phone

Business phone

Mobile phone

Email

## 2. I wish to pay premiums by

Visa  Mastercard

Card no.

Expiry date

Payment frequency

Fortnightly  Monthly  Quarterly  Half yearly  Annually

This authority enables AIA New Zealand to debit your credit card as above (including any premium arrears, unless otherwise advised) until you advise AIA New Zealand in writing to cancel this authority. The amount debited may vary from time to time as a result of contractual increases or decreases which apply to your policy.

Card holder's name

Card holder's signature

Date

Where the payer is neither the Life Assured or Policy Owner, what is the relationship?

Daytime contact phone number