

Application / Policy no.



Credit Card Authority

1. Life Assured

Title: <input type="text"/>	First Name: <input type="text"/>	Surname: <input type="text"/>
Street address: <input type="text"/> Unit / apartment / building / floor <input type="text"/> Street: <input type="text"/> Suburb: <input type="text"/> Town / city: <input type="text"/> Postcode: <input type="text"/>		Postal address: (if different from physical address) <input type="text"/> PO Box / private bag number: <input type="text"/> Street: <input type="text"/> Suburb: <input type="text"/> Town / city <input type="text"/> Postcode: <input type="text"/>
Home phone: <input type="text"/>		Business phone: <input type="text"/>
Mobile phone: <input type="text"/>	Email: <input type="text"/>	

1. I wish to pay premiums by

Visa Mastercard

Card Number

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

Date:

Card holder's signature _____

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

Daytime contact phone number