

Application/Policy No.

# Credit Card Authority



## Life Assured

Title  First Names  Surname

Street Address

Suburb  Town/City  Postcode

Postal Address (if different from street address)

Suburb  Town/City  Postcode

Phone No. Business ( )  Home ( )  Mobile ( )

Email

## 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 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 ( )

AIAPA-009-04  
06/12