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 ☐☐☐☐☐☐ 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