



# CREDIT CARD PAYMENT AUTHORIZATION

**CARDHOLDER'S DETAILS:**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Tax Identification No. (TIN) \_\_\_\_\_

**CARD DETAILS:**

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Type:  VISA  Mastercard Servicing Bank \_\_\_\_\_

**CHARGING OPTION (S):**

- SINGLE PAYMENT Transaction
- Premium / Installment Payment (Due Date: \_\_\_\_\_)
  - Mode change to \_\_\_\_\_
  - Loan Payment
  - Reinstatement

Amount : \_\_\_\_\_ Policy No : \_\_\_\_\_

AUTO PAY

**POLICY(IES) TO BE ENROLLED TO AUTO PAY :**

Policyowner	Relationship to Cardholder	Policy	Policy Year Date	Due Date

This enrolls the above policy(ies) to Manulife China Bank Life Assurance Corporation's credit card **AUTO PAY** facility and authorizes Manulife China Bank Life Assurance Corporation to charge my premium amount to the abovementioned credit card on the due date stated and every due date thereof without prior notice.

By signing I fully understand that if I have no available credit or a debit cannot be effected for any other reason, it is my personal responsibility to pay any premium due not later than the grace period allowed by the policy and any late debit shall be considered only as deposit.

If **SINGLE PAYMENT** is elected, failure to pay succeeding premiums within the grace period shall be governed by the grace period provision of the policy.

Cardholder's signature over printed name \_\_\_\_\_ Date \_\_\_\_\_

Conforme : ( If cardholder /payor is different from policyowner )

Policyowner's signature over printed name \_\_\_\_\_ Date \_\_\_\_\_

(Please submit this form together with a photocopy of client's card, back & front)

**For home office use only**

**Credit Card Validation**

Date Received \_\_\_\_\_  
 Approved \_\_\_\_\_  
 Declined \_\_\_\_\_  
 Informed NB/PA Date \_\_\_\_\_  
 Date \_\_\_\_\_  
 Date \_\_\_\_\_

**For NB/PAD use:**

PYD	Policy No.	Premium
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____
FSA's Code	_____	_____

Processed by: \_\_\_\_\_

Processed by: \_\_\_\_\_