

Credit Card Payment Authority

Please complete shaded areas

Full name of policy owner

Residential phone number ()

Business phone number ()

Email

For which policies do you want this authority to apply?

Date of first payment (between 1st and 28th of the month)

Credit Card details

MasterCard Visa

Payment frequency
 Monthly
 Quarterly
 Half yearly
 Annually

Account number

Name on card

Expiry date / /

I/we declare and agree that:

I/We authorise Sovereign to debit the nominated credit card account with the premiums payable (and any increases to those premiums), for the insurance cover provided under the policies listed above. Sovereign may debit the credit card account with an insurance premium even when there may be insufficient clear funds in the credit card account, but Sovereign shall not be obliged to do so. If there is insufficient funds but Sovereign debits the credit card, Sovereign may also debit the credit card account with any applicable fees and charges. If the insurance premium cannot be recovered from me/us, then Sovereign may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and Sovereign may be entitled to cancel the Insurance in accordance with the insurance terms relating to non-payment of premiums.

Card holder's signature

Date / /



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