

# credit card payment instruction



## Introduction

This credit card payment instruction is suitable for use with Vista, Supra, Supra Education Fees or Futura plans. It can only be used by Policy Owners and their spouses. If the payer is the Policy Owner's spouse we will require identification details of that person. Instructions from other third parties will not be accepted.

Please complete the personal details section and the credit card payment section and return it with your application form to your Relevant Financial Professional or Zurich International Life Limited.

Credit card payment is only available for regular premium new business.

## Personal details (Policy Owner)

Full name	Title (Mr/Mrs/Miss/Ms)	Family name
Forename(s)		
Type of policy		
Policy number		if known
Application number		if known

## Credit card payment

I authorise Zurich International Life Limited, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life Limited policy which is detailed above, as and when they fall due and in respect of charges for collection by credit card at the prevailing rate imposed by Zurich International Life Limited. Details of current rates are available on request. Please note that Zurich International Life Limited is not liable for any losses arising as a result of action taken by the cardholder's credit card company.

Credit card type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (tick box)
(Please note that we can only accept two types of credit card – Visa and Mastercard)	
Currency of card	
Credit card expiry date	Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Credit card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name (as quoted on card)	
Credit cardholder's address (as held by credit card company)	

I understand that this authority in favour of Zurich International Life Limited will remain in force until such time as I cancel it in writing.

Signature of cardholder	Day	Month	Year
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

*Zurich International Life Limited*