



### VISA & MASTERCARD CHARGE AUTHORIZATION SLIP (One time charge)

Cardholder's Name		Card Number ( <input type="radio"/> Visa <input type="radio"/> Mastercard )	Card Expiry Date
Telephone Number	Mobile Number	Occupation/Position	
Premium Amount			Policy Number
Due Date	Frequency of Billing (from date of effectivity) <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual		Duration of Billing
Cardholder's Billing Address			
Signed at COCOLIFE _____ on _____ (Branch) (Transaction Date)		<b>For BOA/Agent Use Only</b>	
		Verified by:  Signature over Printed Name _____	
_____ Cardholder's Signature over Printed Name		Please indicate the last 7 digit numbers located at the back of the credit card	

\* Official Receipt will be mailed

Prepare in 2 copies (1 - HO; 2 - Policyholder)

POL\_ADMIN-029-1005-2



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