



CREDIT CARD PAYMENT ENROLLMENT FORM - One Time Recurring

Cardholder's Name / Policyholder's Name		Credit Card Number [][][][]-[][][][]-[][][][]-[][][][] (<input type="radio"/> Visa <input type="radio"/> Mastercard <input type="radio"/> JCB <input type="radio"/> AMEX)		Card Expiry Date
Telephone Number		Mobile Number	Email Address	
Premium Amount			Policy Number	
Effective Due Date of Charging	Frequency of Billing (<i>from date of effectivity</i>) <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual		Duration of Billing	
Cardholder's Billing Address			Requirements: - Photocopy of Valid ID	
Signed at _____ on _____ (Place) (Transaction Date)			For BOS/Agent/Authorized USD Use Only Verified by:	
_____ Cardholder's Signature over Printed Name			Signature over Printed Name Note:	

** For Promo Sales Operations Accounts - If due date falls on a Weekend or Holiday, billing may be processed before the due date on a Regular Business Day.

POL_ADMIN-028-0314-5

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



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