



CREDIT CARD AUTHORIZATION TO DEBIT ACCOUNT

Cardholder Name:		Telephone /Cell No.	
Address:		Credit Card Co: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> JCB	
		Issuing Bank:	
Policyholder Name:		Mode of Payment: <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> Q <input type="checkbox"/> M	
Policy No	<input type="text"/>	Expiry date YYYYMM:	<input type="text"/>
Premium Amount:	Credit Card Number	<input type="text"/>	

Enrollment to Automatic Charge Arrangement should be made 35 days before next premium due date for Philamlife insurance peso policy. I understand that this payment facility may only be extended to parents, spouse, children, brothers and sisters of the cardholder. I hereby authorize Philamlife and the credit card company to initiate debit entries to my credit card account for payment of premiums due Philamlife. I understand that only the available credit limit shall be utilized. In the event there is insufficient balance on debit date, Philamlife may initiate debit charges again to my credit card account, as it deems necessary and at its' sole discretion. If no payment was debited from the above account due to insufficient balance, termination/cancellation of account or other reasons, Philamlife will not consider that premium for my policy to have been paid and I will have to pay the premium directly to Philamlife to keep the policy in force. I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by Philamlife of a written notice of withdrawal.

Signature of Cardholder _____ Date _____

IF CARDHOLDER IS DIFFERENT FROM THE POLICYOWNER:

Relationship of Cardholder to Policyowner _____ Signature of Policyowner _____ Date _____

FOR CREDIT CARD COMPANY USE ONLY		FOR PHILAMLIFE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Signature Over Printed Name _____	Date _____	Signature Over Printed Name _____	Date _____
Remarks: _____		Remarks: _____	