

## Credit Card Payment Authority

Please complete shaded areas

<b>Full name of policy owner</b>	<input style="width: 100%; height: 25px;" type="text"/>
<b>Daytime phone number</b>	<input style="width: 280px; height: 25px;" type="text" value="(    )"/>
<b>Business phone number</b>	<input style="width: 280px; height: 25px;" type="text" value="(    )"/>
<b>Email</b>	<input style="width: 100%; height: 25px;" type="text"/>
<b>For which policies do you want to pay your premiums by credit card? – Please list policy number(s)</b>	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>
<b>If you have a preferred monthly payment date please nominate between 1st and 28th</b>	<input style="width: 100%; height: 25px;" type="text"/>

### Credit Card details

<b>Payment frequency</b>	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Account number</b>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>
<b>Name on card</b>	<input style="width: 100%; height: 25px;" type="text"/>
<b>Expiry date</b>	<input style="width: 200px; height: 25px;" type="text" value="    /    /"/>
<b>Payment amount</b>	<input style="width: 200px; height: 25px;" type="text" value=" \$"/>

**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.

<b>Card holder's signature</b>	<input style="width: 430px; height: 40px;" type="text"/>	<b>Date</b> <input style="width: 150px; height: 25px;" type="text" value="    /    /"/>
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