

## Visa or MasterCard Only\*

Name of Policy Owner

Policy Number(s) for which this authority applies

Payment Type

Debit Card       Visa       MasterCard

Name on Credit/Debit Card

Expiry Date

 

Credit/Debit Card Account Number

I/We authorise you until further notice, to debit my/our credit/debit card account with all amounts which ING Life (NZ) Limited, may initiate by Credit/Debit Card.

Cardholder's Signature

## Payment Frequency:

Preferred date of first payment

Fortnightly

Monthly

Annually

\*Please note that we **only** accept Visa or MasterCard. We do not accept American Express, Diner's Club etc.



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