



NEW ZEALAND CREDIT CARD AUTHORITY

Authority to accept payment by a New Zealand Credit Card only.
Please complete and return to Cigna Life Insurance, Freepost 11 8004, PO Box 24031, Wellington 6142.
We recommend you keep a copy of this form for your records.

1 YOUR DETAILS

Please print your details clearly in CAPITAL letters using a pen

Name

Postal address

Telephone Home () Work () Mobile ()

2 PAYMENT DETAILS

Card type Visa MasterCard

Card number

Name on card Expiry date /

Payer Reference (Please use your policy number)

Premium Deduction Frequency (please tick one)

Monthly Half-yearly Yearly

Deduction Start Date *eg. 1st - 28th*

Your Premium Deduction will occur on the same date each month, half year or year, as selected

OR

Fortnightly

Deduction Start Date *eg. Monday 16 June*

Your Premium Deduction will occur on the same day of the week each fortnight

3 DECLARATION

I authorise CIGNA until further notice in writing to automatically charge my credit card for the current premium due and for any future premiums.

Signature(s)

Date / /