American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability)

DIRECT DEBIT AUTHORISATION FOR CREDIT CARD ACCOUNT
信用卡戶口直接付款授權書

0171010

Policy Number 保單號碼

Agent /Broker Code
營業員/經紀組別編號

Area Code
區域編號

Agency / Broker Name
營業員/經紀組別

Agent / Financial Advisor's Name
營業員/理財顧問姓名

Agent / Financial Advisor's Tel. No.
營業員/理財顧問電話號碼

For Office Use
CS

Name of Insured
受保人姓名

H. K. I. D. Card / Passport Number
香港身分證/護照號碼

Until further notice, please charge my following credit card account upon presentation of this slip and every month thereafter in payment of my insurance premium under policy number shown on this form. I understand that the amount is subject to change in accordance with the provisions of the abovementioned policy.
直至另行通知爲止　當貴公司收到此通知書時，請按月在我下列的信用卡戶口內提取款項，作爲繳付上述保單保費之用。我明白保費會根據保單的條例而變更。

Card Number
信用卡號碼

Card Expiry Date
信用卡滿期日

MM月　2 0 YYYY年

Cardholder's Name
信用卡持有人姓名

Cardholder's Signature
信用卡持有人簽名

Date
日期

Month 月 / Day 日 / Year 年

Relationship between Cardholder and (Proposed) Insured / Applicant
信用卡持有人與(準)受保人/申請人之關係:

☐ Applicant 申請人　☐ (Proposed) Insured (準)受保人　☐ Beneficiary 受益人

☐ Other (Please Specify) 其他(請註明) _____
(Proposed) Insured / Applicant sign on the right column
(準)受保人 / 申請人須於右方格內簽署

Signature of (Proposed) Insured / Applicant
(準)受保人 / 申請人 之簽名

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