



# SWISS GLOBAL INSURANCE

## CREDIT CARD DEBIT AUTHORIZATION FORM

### Cardholder's address for the credit card

Street: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

### PAYMENT OF PREMIUMS

Payment frequency:  Quarterly  Half - Yearly  Yearly

Would you like to do your payment by:  VISA  Mastecard

Card-Number: \_\_\_\_\_ Valid to: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

Card holder's name: \_\_\_\_\_

Please type name exactly same as written on your credit card

### CREDIT CARD DEBIT AUTHORIZATION STATEMENT

I authorize SGI SA to debit my credit card account with unspecified amounts in respect of my current and renewal premium payments as and when these become due, until further notice. I understand that SGI SA will give me due notice of renewal and that the premiums may vary each year.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder's signature : \_\_\_\_\_

preceded by "Read and Approved"