Manulife

CREDIT CARD PAYMENT AUTHORIZATION

☐ Life Insurance ☐ Pension/Educational plans

CARDHOLDER'S DETAILS:

Name _____

Mailing Address _____

_____

Telephone No. _____ E-mail address _____

Tax Identification No. (TIN)

CARD DETAILS:

Card No. _____ Expiry Date _____

Type: ☐ VISA ☐ Mastercard Servicing Bank _____

CHARGING OPTION (S):

☐ **SINGLE PAYMENT Transaction**

☐ Premium / Installment Payment (Due Date: _____)

☐ Mode change to _____

☐ Reinstatement

Amount : Policy/Plan No :

☐ **AUTO PAY**

POLICY(IES)/PLAN(S) TO BE ENROLLED TO AUTO PAY :

Policyowner/Planholder	Relationship to Cardholder	Policy/Plan No.	Policy Year Date	Due Date

This enrolls the above policy(ies)/plan(s) to Manulife's credit card **AUTO PAY** facility and authorizes Manulife Philippines/ManulifeFinancial Plans to charge my premium/installment amount to the abovementioned credit card on the due date stated and every due date thereof without prior notice.

By signing I fully understand that if I have no available credit or a debit cannot be effected for any other reason, it is my personal responsibility to pay any premium/installment due not later than the grace period allowed by the policy/plan and any late debit shall be considered only as deposit.

If **SINGLE PAYMENT** is elected, failure to pay succeeding premiums within the grace period shall be governed by the grace period provision of the policy .

Cardholder's signature over printed name **Date**

Conforme : (If cardholder /payor is different from policyowner)

Policy/Planowner's signature over printed name **Date**

(Please submit this form together with a photocopy of client's card, back & front)

For home office use only

Credit Card Validation

Date Received _____

☐ Approved _____

☐ Declined

Informed NB/PA Date _____

Date _____

Date _____

Processed by: _____

For NB/PAD use:

PYD	Policy /Plan No.	Premium / Installment
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

Agent's Code _____

Processed by: _____