



Blue Cross 藍十字

An AIA Company 友邦保險成員公司

ONE OFF PAYMENT - CREDIT CARD PAYMENT AUTHORISATION FORM 單一次付款 - 信用卡付款授權書

Please complete this Form in English BLOCK letters. Any changes or amendments to this Form should be endorsed by the Cardholder in full signature. 請以英文正楷填寫此表格。如有任何更改或修正，敬請信用卡持有人在更改的位置簽署作實。

I. Policy Details 保單資料				
Policy No. 保單編號				
Name of the Policyholder 保單持有人姓名	Identification Document No. 身份證明文件號碼			
Email Address 電郵地址	Contact Telephone No. 聯絡電話			
II. Declaration 聲明				
i. I/We hereby authorise the Company to debit the following amount from the credit card account specified below for payment (including levy to the Insurance Authority, if applicable). 本人/我們謹此授權貴公司從下列之信用卡賬戶扣除以下所述金額作為繳費之用(包括保險業監管局徵費,如適用)。				
ii. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this Form. 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。				
Name of Cardholder (Surname/Given Name) 信用卡持有人姓名(姓/名)				
VISA/Master Card No. VISA/萬事達卡號碼				
Amount (HK\$) 金額(港幣)	Card Expiry Date 信用卡到期日 MM月 YY年		Issue Bank 發卡銀行	
Signature of Cardholder 信用卡持有人簽署 <i>Please ensure that your signature is the same as the specimen signature on your Credit Card. 請確保本欄之簽署與閣下信用卡之簽署樣式相同。</i>			Date (DD/MM/YY) 日期(日/月/年)	
FOR OFFICE USE ONLY 本公司專用				
Reason of Submission	New Business	Reinstatement	Renewal	Others _____
Name of Insured	Seller ID	Branch Chop & No	Authorized Signature	Date (DD/MM/YY)