

**GENERALI**

Assicurazioni Generali S.p.A.

忠利保險有限公司

CREDIT CARD PAYMENT AUTHORISATION FORM**信用卡付款授權書** First year premium 首年保費 Renewal premium 續保保費Plan name : _____
計劃名稱Policy number : _____
保單號碼Policyholder : _____
保單持有人Name of card issuer
發卡銀行名稱Type of credit card
信用卡類別 VISA MasterCard 萬事達卡Credit card account number
信用卡賬戶號碼

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Credit card expiry date

信用卡到期日 _____ (month 月) / _____ (year 年)

Name of cardholder ² (as shown on the credit card)持卡人姓名 ² (必須與信用卡上資料相符)

Telephone (Home)

電話

(住宅)

(Office)

(公司)

(Mobile)

(手提)

Relationship with Policyholder (if cardholder is not the Policyholder)

持卡人與保單持有人之關係(如持卡人並非保單持有人)

I, the cardholder, authorize Assicurazioni Generali S.p.A., Hong Kong Branch to debit the due premium¹ of the above policy(ies) from my credit card account as stated above until my further written notice. I understand that at least two working days' written notice in advance is required for termination of this payment instruction.

本人(持卡人)授權忠利保險有限公司香港分行由以上本人(持卡人)指定之信用卡支取上述指定保單(等)的所需保費¹，直至另行通知。本人明白如需取消此付款指示，須於最少兩個工作天前以書面提出。

Signature of cardholder ²持卡人簽署 ²

Date (dd/mm/yy)

日期(日/月/年)

¹ All payment will be made in Hong Kong dollars. If currency conversion is required, the exchange rate will be determined by the bank as on the date of debit. 所有保費以港幣計算。若需要兌換貨幣，滙率以轉賬當日之銀行滙率為準。

² It is recommended to use credit card of the Policyholder. 請使用保單持有人信用卡。