

CREDIT CARD AUTHORIZATION SLIP

This is to authorize Paramount Life & General Insurance Corporation to charge my premium (and/or the premium/s of person/s indicated below) to my credit card starting on the next due date.

CREDIT CARD

- American Express JCB
 Any Visa Card or Mastercard Diners

Please specify issuing bank: _____

Policyholder's Name: _____
Card Number: _____
Cardholder's Name: _____
Card Expiry Date: _____

MODE OF PAYMENT

- Monthly Semi - annually
 Quarterly Annually

Premium Amount: _____

Policy Number: _____
Mobile No.: _____
Tel./Office No.: _____
Email: _____

I hereby understand and agree that should my Credit Card be refused by the Credit Card Company for whatever reason, failing to meet my financial obligation, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that Paramount Life & General Insurance Corporation shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Cardholder's Signature: _____

Date: _____

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A division of:



11th Floor, Sage House, 110 V.A. Rufino St.
Legaspi Village, Makati City, 1229