

Credit/Debit card authority

Visa or MasterCard only*

Name of policy owner(s)

Policy number(s) for which this authority applies

Payment type

Debit card Visa MasterCard

Name on credit/debit card

Expiry date

Credit/debit card account number

I/We authorise you, until further notice, to debit my/our credit/debit card account with all amounts which OnePath Life (NZ) Limited may initiate by credit/debit card.

Signature

Payment frequency

Use existing payment date and frequency

OR

Preferred date of first payment

Weekly Fortnightly Monthly Half-yearly Annually

*Please note that we only accept Visa or MasterCard. We do not accept American Express, Diners Club, etc.