



Credit Card Authorization/ Auto-Charge Enrollment

Policy Number(s)

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CURRENCY: PHP USD

ONE-TIME CHARGE RECURRING PREMIUMS*

*Succeeding premiums due will be automatically charged to the enrolled card no.

Date: _____

Account type: Visa Mastercard

Credit Card Number — — —

Expiry date: /

Credit Card Company:

Billing Address:

Cardholder's Name:

(Last Name) (First Name) (Middle Name)

Cardholder's Birthday:

Mother's Maiden Name:

Contact Number(s)
of Cardholder:

Relationship of card holder to Owner of policy

Parent Spouse Sibling Child

Name of Insured(s):

(To be signed by the Policy Owner if different from Cardholder)

Signature over printed name of Cardholder

Signature over printed name of Policy Owner

I hereby authorize AXA Philippines to initiate and the card company to effect, charge entries to my account for payment of premiums due for the above-captioned policy(ies). The card company is hereby authorized to disclose to AXA Philippines such information as may be necessary to implement this payment arrangement. I understand that only the account's cleared and available balance shall be charged. In the event that there is insufficient balance, AXA Philippines may initiate charges against my credit card account as it deems necessary and at its sole discretion. If no payment was charged from the account due to insufficient balance, termination of account or other reason as advised by the card company, AXA Philippines shall not consider the premium due from the above policy to have been paid and I will have to pay such premium directly to AXA Philippines to keep the policy in force. I further understand and agree that constant unsuccessful charging of my account due to insufficiency of funds shall be a valid ground for the immediate cancellation of this payment arrangement even without prior notice. I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by AXA Philippines of a written notice of withdrawal.

I am aware that in case, I, the credit cardholder, is not the owner of the above-captioned policy, this payment facility may only be used to pay for the premium of the policy of my parent, spouse, children, brother or sister. I further acknowledge the responsibility to ensure that my account has enough balance to cover the premium due on the policy in order not to place the insurance coverage of my kin at risk of lapsing.

Reminders

1. Credit Card Number must be 16 digits.
2. Official Receipt date for succeeding payments shall be equal to the date when electronic payment posting is done, usually within 3 days from charge date.
3. Billing cycle: policies with 1-15 as Effective Date shall be charged every 5th of the month while those with 16-28 as Effective Date, shall be charged every 20th of the month. For rejected billings due to insufficient balance, we will initiate rebilling efforts in an objective to keep your policy inforce.
4. No premium notice shall be issued to policies enrolled in the Auto-charge facility.