CREDIT CARD/DEBIT CARD PAYMENT AUTHORITY

SOVEREIGN

1 Policy owner details

Policy numbers you want this authority applied to

First name and surname

Telephone

Day

Evening

Mobile

Email address

Payment start date (between 1st and 28th of the month) / /

2 Credit or debit card details

Card type (✓ one) ☐ MasterCard ☐ Visa ☐ Debit Card

Frequency (✓ one) ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Annually

Name on card

Card number

Expiry date / /

I/We declare and agree that I/We authorise Sovereign to debit the nominated credit card/debit card account with the premiums payable (and any increases to those premiums), for the insurance cover provided under the policies listed above. Sovereign may debit the credit card/debit card account with an insurance premium even when there may be insufficient clear funds in the credit card/debit card account, but Sovereign shall not be obliged to do so. If there are insufficient funds but Sovereign debits the credit card/debit card, Sovereign may also debit the credit card/debit card account with any applicable fees and charges. If the insurance premium cannot be recovered from me/us, then Sovereign may reverse the insurance premium payment resulting in the premiums being treated as not having been paid and Sovereign may be entitled to cancel the Insurance in accordance with the insurance terms relating to non-payment of premiums.

Card holder 1 signature

Date / /

Card holder 2 signature

Date / /

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