Sign her

Credit Card Payment Authority



Policy number	
Customer name	
I / We hereby auth	norise nib to deduct payments from my / our credit card
Credit card To be paid: Monthly	Quarterly O Half-yearly O Annually One Off
Card type Visa Mast	terCard
Card number	
Expiry date	m m y y
Name on card	

Cardholder's signature			
Name	Date	Signature	
	d d m m		