

Credit Card Authority

Visa or MasterCard only*

Payment type Debit card Visa MasterCard

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 Partners Life Limited may initiate by credit/debit card.

Date

Payment frequency:

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, Diner's Club etc.

Partners Life Limited
Private Bag 300995
Albany
Auckland 0752
New Zealand
0800 14 54 33
partnerslife.co.nz