

AUTHORIZATION TO REBILL

Policy Number/s ("Policy") _____

Policyowner's name: _____

Applicable to:

<input type="checkbox"/> Auto-Debit Arrangement Bank: _____	<input type="checkbox"/> Auto-pay via Credit Card Issuing Bank: _____
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1. I have availed of the Auto-Payment facility of Allianz PNB Life Insurance, Inc. ("Allianz PNB"), for the Policy mentioned above for automatic payment of premium due on the scheduled premium due date.
2. In the event of insufficient balance on the premium due date, I expressly authorize Allianz PNB to rebill my enrolled account after seven days and every seventh day thereafter, up to a maximum of three attempts.
3. If all attempts are unsuccessful due to whatever reason, I understand that I will have to settle the unpaid premium directly to Allianz PNB via other payment options* to keep the policy in force.
4. I understand that this authorization shall also cover any change in premium amount due to policy mode change or increase in policy premium due.
5. I understand that this Authorization may only be extended for premiums relating to my policy and that of my parents, spouse, children, siblings or grandparents.
6. My express authorization for Allianz PNB to re-bill shall remain in full force and effect unless I notify Allianz PNB in writing of any revocation.

Accountholder / Credit Card holder's Name: _____

Accountholder / Credit Card holder's Signature/ Date: _____

Mobile Number: _____

Important Reminder:

This form should be submitted together with duly filled out *Auto Debit Arrangement / Authorization for Continuous Billing Form*.

*Please check available payment options at <https://www.allianzpnblife.ph/customer-service/payment-facilities.html>

