

olicy No.	
	UTHORIZATION TO CHARGE PREMIUM PAYMENT
nis authorizes	to use my bank account/credit card in paying for his/her Allianz PNB I
(Policyown	r)
surance, Inc. insurance application / polic	on the life of
Fill out details if premium will be charged	(Insured) to Credit Card
Credit Card Details	
	
Credit Card Company	
Card Account No.	
Type of Card	☐ Visa ☐ Mastercard
Cardholder's Name	
Cardholder's Address	
Cardholder's Contact No.	
Relationship of Credit Cardholder to Poli	yowner
Amount to be charged to my Credit Card	
Fill out details if premium will be charged	to Bank Account
ADA Details	
Bank Name	
Account No.	
Type of Account	Savings Current
Account Holder's Name	Savings Cancil
Account Holder's Address	
Account Holder's Contact No.	
Relationship of Account Holder to Policy Amount to be charged to my Bank Accou	
I/We fully understand and agree that this auth undersigned in writing or as determined by Alli	orization shall be on a continuing basis and shall be effective every premium due date, unless cancelled by the anz PNB Life Insurance, Inc.
	n-debiting of my account due to unavailability/insufficiency of funds, or the closing of my account for any reasor ianz PNB Life Insurance, Inc. to immediately revoke/cancel this authorization even without prior notice to me.
•	-bill the premium from my Bank Account/Credit Card.
	rocess the information I have provided in accordance with the Data Privacy Act.
Tuutionze Additz FNB Life ilisulance, inc., to p	ocess the information i have provided in accordance with the Data Privacy Act.
Signature over Printed Name of Account h	older/Credit Cardholder Date
Conforme	

1. Valid ID of Account holder/Credit Cardholder

Documents to be submitted together with the Authorization:

2. Official document/s showing the relationship between Account holder/Credit Cardholder and policyowner, e.g., marriage contract, birth certificates of the parties, etc.