WorldCare application form: Credit card authority

Credit card authority

Visa ☐ MasterCard ☐ American Express ☐

Card number as it appears on **Your** card:				

Cardholder's name:

Expiry date:	Start date:	CCV code:

Once **Your** payment details have been processed, **Your** credit card details will be destroyed by **Us**. Please charge the above card:

Annually ☐	Semi-annually ☐	Quarterly ☐	Monthly ☐

I hereby authorise that the card account specified above may be debited with the current premium due and all subsequent renewal premiums due as notified by Now Health International until I give notice in writing that I wish to terminate this agreement. I understand that Now Health International will give at least six weeks' notice of renewal and that the premiums may vary each year. I understand that Now Health International cannot be held liable if my **Plan** is lapsed should the credit card be declined and I do not respond to requests for alternative methods of payment.

Signature (Insured/main applicant):	**Date** (dd/mm/yyyy):
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