Paramount Life & General Insurance Corporation
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Madaling Kausap.

Credit Card Authorization Slip

I authorize Paramount Life & General Insurance Corporation to charge my premium (and/or the premium/s of person/s indicated below) to my credit card:

○ American Express ○ Bankard/JCB ○ Diners

○ Any Visa Card or Mastercard _____
(Please specify issuing bank)

Policyholder's Name: _____ Policy Number: _____
Card Number: _____ Premium Amount: _____
Cardholder's name: _____ Mode of Payment: _____
Card Expiry Date: _____ Mobile No.: _____
E-mail: _____ Tel. / Office No.: _____

I hereby understand and agree that should my Credit Card be refused by the Credit Card Company for whatever reason, failing to meet my financial obligation, this premium payment arrangement shall be immediately revoked/cancelled even without prior notice to me. I further agree that Paramount Life & General Insunrance Corporation shall not be held liable in case of termination of the Policy as a result of such revocation/cancellation.

Cardholder's Signature ✓_____ **Date:** _____