countdown Insurance

Backed by Cigna

New Zealand Credit Card Authority

Authority to accept payment by a New Zealand Credit Card only.
Please complete and return to Cigna Life Insurance, Freepost 11 8004, PO Box 24031, Wellington 6142.
We recommend you keep a copy of this form for your records.

1. Your details

Please print your details clearly in CAPITAL letters using a pen

Name

Postal Address

Telephone Home Work Mobile

2. Payment details

Card type ☐ Visa ☐ MasterCard

Card number Expiry date /

Name on card

Payer Reference **(Please use your policy number)**

Premium Deduction Frequency **(please tick one)**

☐ Monthly ☐ Half-yearly ☐ Yearly

Deduction Start Date eg. 1st - 28th

Your Premium Deduction will occur on the same date each month, half year or year, as selected

or

☐ Fortnightly

Deduction Start Date eg. Monday 16 June

Your Premium Deduction will occur on the same day of the week each fortnight

3. Declaration

I authorise CIGNA until further notice in writing to automatically charge my credit card for the current premium due and for any future premiums.

Signature(s)

Date / /