

# Bupa Hero VHIS Plan Credit Card Authorisation Form

## 保柏非凡自願醫保計劃信用卡付款授權書



Policy Holder's Name 保單持有人姓名

Surname

姓


Given Name

名

If credit card payment is chosen as the payment method, please complete this form, sign where marked "X" and return this form to Bupa by mail or by fax. If you have faxed this form to Bupa, please do not return it to us by mail again.

若選擇以信用卡付款，請填妥此表格及簽署於「X」位置，並交回保柏。若你已傳真此表格給我們，請無須寄回此表格。

Visa 

Mastercard 

Cardholder's Name 持卡人姓名

HKID Card No. 香港身份證號碼

Credit Card Account No. 信用卡戶口號碼

Credit Card  
Expiry Date  
信用卡到期日

MM月 YY年

I acknowledge that the Policy shall be renewed automatically on a yearly basis unless it is not renewed by giving notice to Bupa or according to the terms of the Policy. I hereby authorise and direct Bupa (Asia) Limited to automatically debit the premium and levy due from my credit card account on an annual / monthly basis until further notice.

本人明白除非收到本人給予保柏的通知不再續保或因根據保單條款規定，否則保單將會每年自動續保。本人茲授權保柏(亞洲)有限公司自動從本人的信用卡戶口每年/每月支付應繳保費及保費徵費金額，直至另行通知。

If the Cardholder is not the Policy Holder/Insured Person\*, please fill in the following information. 若信用卡持有人並非保單持有人/受保人\*，請填寫以下資料。

Relationship with the Policy Holder/Insured Person\* 與保單持有人/受保人\*關係

(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

I hereby confirm to pay the premium and levy due of Bupa Hero VHIS Plan for the Policy Holder as listed in this form.

本人同意及承擔列於此表格上的保單持有人之全數應繳之保柏非凡自願醫保計劃保費及保費徵費金額。

Cardholder's Signature 持卡人簽署

Contact Phone No. 聯絡電話號碼

Date 日期

X

DD日 MM月 YYYY年

\*Please delete if inappropriate 請刪除不適用者