

**PAYMENT OF INSURANCE PREMIUMS BY CREDIT CARD**

Return this form to Pantaenius by fax (+43 (1) 710 92 22 13) or mail.

**IMPORTANT:**

Insurance documents will not be sent until payment has been taken.  
If the credit card holder is not the policyholder, please add a copy of the credit card holder's identity card, passport or driver's license. Do not forget to fill each field and to sign.

**POLICYHOLDER'S INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ City \_\_\_\_\_

Customer No. \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Signature (Policyholder)

**CREDIT CARD HOLDER'S INFORMATION**

Credit card type:        Master        Visa    Please tick as appropriate

Credit card holder's name:  
(in capital letters) \_\_\_\_\_

Credit card no.    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Expiry date    \_\_\_\_\_

CCV Code\*    \_\_\_\_\_

*\*CVC Code: The last three digits after the card number on the back of the card or the last three digits in the signature field.*

**Credit Card Authorization**

I authorize Allianz Worldwide Care to charge my credit card account unspecified amounts in respect of premiums for my healthcare cover as and when these become due, until the instruction is cancelled by my giving written notice to Allianz Worldwide Care. I understand I will be given one month's notice of any premium increase.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (Credit card holder)