

Appendix C: Credit Card Payment Authorization Form

Cardholder Details

Cardholder Name

Mobile No.

Phone Direct

Card Details

Credit Card Type VISA MASTERCARD

Credit Card Number

Expiry Date

Amount

AED

Total Amount in Words

Certification

I, the undersigned, certify that I have authorized American Home Assurance "the company" to deduct/debit the premium from my credit card/bank account as per the details above. I admit that such deduction/debiting will be made under my approval and as such the Company has no liability in so doing. In case I cancel the insurance policy, I will inform the Company immediately and request them to stop deducting/debiting such premiums from my credit card/bank account in writing.

Signature

Date