

Allianz Life Insurance Malaysia Berhad 198301008983 (104248-X)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

Relationship Code:

[01] Ownself

# Credit Card Debit Authorisation Form

Allianz Customer Service Centre

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur

Tel: 1300 22 5542 Email: customer.service @allianz.com.my

### **Head Office**

Level 29, Menara Allianz Sentral, 203, Jalan Tun Sambanthan, Kuala Lumpur Sentral, 50470 Kuala Lumpur

Tel : +603 2264 1188 Fax : +603 2264 1199

(allianz.com.my

I hereby request and authorise Allianz Life Insurance Malaysia Berhad (ALIM) to debit my credit card account as indicated below for the amount of premium due as advised by ALIM from time to time under the insurance policy(ies) mentioned below. I agree that this authorisation is governed by the Terms and Conditions as specified in this form.

Nam	e of cardholder												
NRIC No. (New)			Old IC No.										
Mobile No.		Email Address											
Card	No.	-			-								
Type of Credit Card $\ \square$ Visa		☐ MasterCard											
*Issuing Bank													
Card Expiry Date													
Note Cred perio	it Card Debit Auth	norisation will take e	ffect	on Next [	Due Date	ʻor' n	neare	est C	)ue D	ote '	with	hin g	race
	wal Premium												
1.	Policy No.												
	Name of Policy Owner  ** Relationship to Policyowner												
	Retationship t	or oneyowner											
2.	Policy No.												
	Name of Policy (												
	** Relationship t	o Policyowner											
3.	Policy No.												
	Name of Policy (	Owner											
	** Relationship t	o Policyowner											
*	Must be a financ	cial institution in Mal	laysi	a.									
**	Premium payment through credit card is allowed if the cardholder is paying for his/her own policy or the policy of his/her immediate family member namely his/her spouse, parents, or children.												

[02] Spouse



[04] Children

[03] Parents



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## **Terms and Conditions**

- Receipts will not be issued for premium payments made through this direct debit facility. I will refer to my credit card statement for confirmation of payments.
- 2. I must inform ALIM in writing of any changes pertaining to the credit card, including but not limited to new account numbers, termination, or cancellation of credit card accounts at least 30 days before the next premium due date.
- 3. ALIM reserves the right, at its own discretion, to change the term and conditions herein by giving written notice to me or the policy owner.
- 4. ALIM may at its absolute discretion at any time by giving written notice, terminate this authorization without assigning any reason thereto and thereupon shall be under no obligation to debit my credit card for premium payment.
- 5. Unless and until ALIM receives written notification of my death, incapacity or revocation of this authorization, this authorization shall remain in force and effective.
- 6. ALIM is under no obligation to honour any direct debit instruction unless there is sufficient available credit limit in my credit card account at the time the payment is due.
- 7. In the event that any money is refunded by ALIM for any reason, ALIM is authorized to refund the money to me by crediting the said sum into my credit card account and shall thereafter be discharged from all obligations pertaining to the same. Should any dispute arise, both the policy owner and I shall refer only to each other for remedies and resolution.
- 8. ALIM shall not be held responsible or liable for any claims, loss damages, costs and/or expenses arising from the successful and/or unsuccessful processing of the debit due to exceeding credit limit, malfunction of the system, electricity failure and/or other factors beyond the control of ALIM.
- I hereby agree to indemnify and keep ALIM indemnified against any action, claims, losses, damages, costs and/or expenses which ALIM may suffer or incur as a result of my authorization to debit my credit card account.
- 10. This authorization shall remain binding on me until ALIM receipt of my written notification to cancel this authorization. ALIM is entitled to cease debiting from my credit card upon notification of my death or bankruptcy.

Signature of Cardholder	Date							
Signature of Policy Owner	Date							

