

## Credit Card Payment Authorisation Form 信用卡付款授權書

**TO : Bolttech Insurance (Hong Kong) Company Limited**

致：保特保險(香港)有限公司

Name of Policyholder  
保單持有人姓名 : \_\_\_\_\_

Policy No.  
保單編號 : \_\_\_\_\_

Invoice No.  
發票編號應繳金額 : \_\_\_\_\_

Payment Due  
應繳金額 : \_\_\_\_\_  
HK\$  
港幣

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Payment Instructions  
付款指示 :

Type of Credit Card  
信用卡種類 :  VISA  MASTERCARD

Cardholder's Name (in English)  
持卡人姓名 : \_\_\_\_\_

Credit Card No  
信用卡號碼 : \_\_\_\_\_

Credit Card Expiry Date  
信用卡有效期至 : \_\_\_\_\_

I hereby authorise Bolttech Insurance (Hong Kong) Company Limited to debit my above Credit Card Account for the payment due of the above policy.

本人茲授權保特保險(香港)有限公司從我上述指定的信用卡賬戶扣除上述列明之保單應繳金額。

\_\_\_\_\_  
Cardholder's Signature  
持卡人簽署

\_\_\_\_\_  
Date  
日期