
Credit Card Payment Authorisation Form

信用卡付款授權書



TO : FWD General Insurance Company Limited
致：富衛保險有限公司

Name of Policyholder
保單持有人姓名 : _____

Policy No.
保單編號 : _____

Invoice No.
發票編號 : _____

Payment Due
應繳金額 : HK\$
港幣

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 FWD General Insurance Company Limited to charge my above credit card account for the payment due of the above policy(ies).

本人茲授權富衛保險有限公司從本人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