



Cardholder Name:	Telephone/Cell No.
Address:	Credit Card Co.: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> JCB Issuing Bank:
Policyholder Name:	Mode of Payment: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Policy No. <input type="text"/>	Expiry date (YYYYMM): <input type="text"/>
Premium Amount: <input type="text"/>	Credit Card Number: <input type="text"/>

Enrollment to Automatic Charge Arrangement should be made 35 days before next premium due date for Philam Life insurance peso policy. I understand that this payment facility may only be extended to parents, spouse, children, brothers and sisters of the cardholder. I hereby authorize Philam Life and the credit card company to initiate debit entries to my credit card account for payment of premiums due Philam Life. I understand that only the available credit limit shall be utilized. In the event there is insufficient balance on debit date, Philam Life may initiate debit charges again to my credit card account, as it deems necessary and at its' sole discretion. If no payment was debited from the above account due to insufficient balance, termination/cancellation of account or other reasons, Philam Life will not consider that premium for my policy to have been paid and I will have to pay the premium directly to Philam Life to keep the policy in force. I also understand that I may withdraw from this premium payment arrangement effective 30 days after receipt by Philam Life of a written notice of withdrawal.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

**IF CARDHOLDER IS DIFFERENT FROM THE POLICYOWNER:**

\_\_\_\_\_  
Relationship of Cardholder to Policyowner

\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Date

FOR CREDIT CARD COMPANY USE ONLY		FOR PHILAM LIFE USE ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Signature Over Printed Name	Date	Signature Over Printed Name	Date
Remarks: _____		Remarks: _____	