Credit Card Premium Payment Authority

AVIVA

Form of request for payment by credit card

RE Policy Number:

This authority is to pay for all future payments on policy number/s:

Credit card type

☐ Mastercard ☐ Visa ☐ Bankcard

Card number

Expiry date

/

Card holder's name

Card holder's signature

Date

/ /

By completing this form, you consent to any personal information we may collect about you in the normal course our our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the requirements of the Privacy Act, can be obtained through our website, avivagroup.com.au, or by writing directly to us.

If Aviva need to contact me regarding this request, I can be contacted during business hours on (telephone) ( )

AV154F 09/03

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