



# Credit Card Authority

MLC Limited  
ABN 90 000 000 402

Completing this form, gives MLC the authority to debit your credit card on a regular basis (as nominated by you)

**1** Cardholder name

**2** Address

  

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Postcode

**3** Telephone number

 (  ) 

**4** I authorise MLC to charge my

Bankcard  Mastercard  Visa

Card number

Expiry date

 /  / 

**5** For the premiums due on number(s)

**6** every month  3 months\*  6 months\*  12 months\*

\* Important: please be aware that not all MLC accounts/policies provide this payment frequency

Signature of cardholder

Date

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