If you are paying by Credit Card, you must complete this section. Instruction to pay by Credit Card.



Name(s) of account holder(s):	
Bupa Global membership number: BI	
CARD PAYMENT AUTHORITY	
In order to take payments from your credit card, Bupa Global needs to store your card details on file. I give my consent to Bupa Global to store my below card details on file and using them to process payments.	
Visa & Mastercard's terms and conditions require Bupa Global to obtain your consent to store your credit card information for future use. This is to enable us to take payments from you as agreed in your insurance contract, i.e.; subscriptions, deductibles and/or co-insurances. Please refer to your membership documents for details of when payments will be taken and the amounts. We will also request your consent to store your credit card information if you are using an American Express card. Your card will remain stored against your plan for transactional purposes until the card expires. For legal and regulatory purposes, we will continue to store records of your transactions in accordance with our Privacy Notice. If you do not want Bupa Global to store your card details, then we cannot accept payments from your card and you will need to choose a different payment method.	
To Bupa Global, I authorise you until further notice in writing, to charge to my card	(please tick) MasterCard Visa American Express
account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my card account or cancel the authority.	Please note that we do not accept Maestro payments. You will be given 14 day's notice of other unspecified amounts to be collected.
Cardholder's name as it appears on the card: Card number:	Valid from date: MMM/YYY Expiry/end date: MMM/YYYY
CARDHOLDER'S SIGNATURE	DATE
	D D M M Y Y Y

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