

Card Payment Authority



Please fill in this form if you want to pay your insurance premiums by credit card.

Membership number

Group Name and Number (if applicable)

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Visa and Mastercard require Bupa Global to obtain your consent to store your credit card information for future use. This is so that we can take payments from you as agreed in your international private medical insurance contract, such as premiums, deductibles and/or co-insurances. Please refer to your policy 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 policy 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.

I authorise Bupa Global to charge to my card account when payments become due. I will advise you immediately if the card becomes lost, stolen or if I wish to close my bank account or cancel the card payment authority.

I give my consent to Bupa Global to store my below card details on file and use them to process payments.

Please tick

MasterCard

Visa

American Express

Please note that we do not accept Maestro payments. You will be given 14 days' notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card

Card number

Valid from date / Expiry/end date /

Cardholder's signature

Date of signature

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Cardholder address

Address

Town/city

County/region

Postal/zip/area code

Country