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

Instruction to pay by Credit Card

Bupa

Name(s) of account holder(s):

Bupa International membership number: BI - - -

CARD PAYMENT AUTHORITY

To Bupa International, I authorise you, until further notice in writing, to charge to my card account, subscriptions and other unspecified amounts, as and 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 tick) MasterCard ◯ Visa ◯ American Express ◯

Please note that we do not accept Switch 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: /

Expires/end date: /

Cardholder's signature

Date

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