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 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.  Cardholder's name as it appears on the card:  (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.
Card number: Valid from date: Expires/end date:
Cardholder's signature  Date

N-GENE-E87-08v1