



**BAF INSURANCE
COMPANY**
(CAYMAN) LTD.

PRE-AUTHORIZED CREDIT/DEBIT CARD DEDUCTION

Name (as it appears on the card):

Card Holder's Name

Credit / Debit Card Type: Visa MasterCard Discovery Diners

Credit / Debit Card Number:

Credit/Debit Card Expiry Date:

Amount to Charge \$:

Frequency of Charge: Monthly Quarterly Semi-Annual Annual One Time Only

Date of subsequent premiums

Date of 1st Charge: Date/Month 7th 15th 28 Other

Card Holder's Billing Address, Telephone and Email:

House # & Street:

P.O. Box:

City/Island & Country:

Home Phone:

Business Phone:

Cell Phone:

Fax:

Email:

ID Type and Number: Passport Driver's License Number

Policy Number(s):

My signature on this document hereby authorizes BAF Insurance Company (Cayman) Limited to debit the credit/debit card directly, as indicated above, and pay the insurance premiums of my BAF insurance policy/ies. I understand that if there are any changes to my BAF insurance policy/ies, the amount of the approved premium may also change. I further understand that a true and correct copy of this Agreement will be forwarded to my credit / debit card and/or banking institution. In signing this Agreement, I request and instruct the institution to allow BAF to directly debit my account and pay the insurance premiums, unless I instruct otherwise in writing. In the event that a direct debit to pay my BAF insurance policy/ies is, for any reason, rejected or declined, I acknowledge that it will be my personal responsibility to immediately pay the premiums of my insurance policy/ies, or that my policy/ies may lapse, be cancelled and/or terminated.

By signing, I authorize automatic deductions for future renewals.

Card Holders Signature:

Date: