



Fill in the required details clearly in BLOCK CAPITALS and make sure that you have given us your signature and contact phone number on the form. Then simply send this to us in the postage paid envelope provided.

Your credit card will be charged on the nominated payment date.

We will automatically adjust the payment amount when changes happen to your policy and notify you in advance of the payment date. You don't have to fill in another form.

This information is being collected by Southern Cross Medical Care Society for administration purposes, including billing. You have the right of access to, and to request correction of, any personal information held by us.

If you need any further information just call us toll-free on **0800 800 181** and one of our Member Services team will help you.

YOUR DETAILS

Membership or policy number

Group code (for office use only)

Payment frequency

Monthly

3 Monthly

6 Monthly

Annually

Payment date

Date

0 1

Example for deductions on the 1st of the month.

Name of policyholder _____ Daytime phone no _____

Name that appears on the card _____

Type of card

Visa

American Express

Diners Club

Mastercard

activa card

Place of issue

Please tick if your Visa or Mastercard was issued overseas.

Card number

Expiry date ____/____

I/We authorise Southern Cross Medical Care Society, until further notice in writing, to charge my/our credit card with all amounts due on my Southern Cross Medical Care Society account from time to time, on or after the payment due date.

Authorised signature _____ Date ____/____/____

Authorised signature of joint card holder _____ Date ____/____/____