

AARO CREDIT CARD DEBIT AUTHORIZATION FORM

I hereby authorize MSH INTERNATIONAL to debit my credit card for the amount of my insurance premium (This authorization must be renewed for each debit).

Please attach an authorization with each contract or contact Visa or Mastercard Center beforehand to give your approval.

Insured Last Name & First Name

■ Cardholder's details

Last Name

First Name

Member number (if already enrolled)

Amount Due

 , Euros

Date Signature :

* If the cardholder is not the visa applicant, please supply copy of passport of the cardholder

Will be destroyed by the Premiums department after transaction

■ Debit credit card details

Type of credit Card: Visa Mastercard Amex

Card Number

Expiration Date

Month Year

Card Validation Code
(Visa & Mastercard)

(last 3 digits on the back of your card)

Fax (+33 (0)1 44 20 48 79)

or email (indiveurope@msh-intl.com) to MSH INTERNATIONAL

or attach to your application form