

CREDIT CARD DEBIT AUTHORIZATION

I, the undersigned , Mr / Mrs / Miss Address :

owner of the Visa / Eurocard / Mastercard

Number

Code

Expiry date

authorize the below mentioned creditor company to proceed with the debit of my card for payment of the insurance premium.

Creditor company

WRLIFE LLP
44 Broadway Stratford, London E15 1XH, UK

Date : Signature :

