



Credit card authority

Policy details

Policy owner name

Policy number

Case number

Completing this form gives MLC Limited the authority to debit your credit card on a regular basis (as nominated by you).

We respect your privacy and handle your information in accordance with our privacy policy. The NAB Group Privacy Policy is available at mlc.com.au/privacy, and the MLC Limited Privacy Policy is available at www.mlcinsurance.com.au/privacy-policy

1 Your contact details

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Address

Unit number

Street number

PO Box

Street name

Suburb

State

Postcode

Country

Mobile phone number

Home phone number

Business phone number

Best contact time

 (am/pm)

Email



2 Credit card details

I authorise MLC Limited to debit my credit card for premiums due.

Name of cardholder (as it appears on card)

Card type

Mastercard Visa

Card number

Expiry date (MM/YY)

How frequently will premiums be paid?

Monthly Quarterly* Half yearly* Yearly*

* **Important:** please be aware that not all MLC policies provide this payment frequency.

Signature of cardholder:

X	Date (DD/MM/YYYY)
	<input type="text"/>

Send us your form

Please send your completed form to us at:

MLC Life Insurance
Claims Support Team
PO Box 23314
Docklands VIC 3008

Email: claims.retail@mlcinsurance.com.au

If you have any questions you can call us on **1300 125 246** Monday to Friday between 8.30 am and 6.00 pm (Melbourne/Sydney time).