
PAYMENT METHOD

US Dollar (US\$) payment can be made by: 1. CHECK payable to **PACIFIC CROSS INSURANCE COMPANY LIMITED**
2. TELEGRAPHIC TRANSFER to the bank account as noted below, or
3. CREDIT CARD using the Payment Authorization Form below.

Telegraphic Transfer Information (applicable to medical products only)

Beneficiary Bank: Industrial and Commercial Bank of China (USA) NA
202 Canal Street
New York, NY 10013
USA
ABA Code 026010948
Swift: ICBKUS3N

Beneficiary Account Name: Pacific Cross Insurance Company Limited

Beneficiary Account Number: 62332

Credit Card Payment Authorization Form

Payment Mode: Annual Semi-Annual (with 4% surcharge)

Credit Card: VISA/MasterCard American Express

Name of Policyholder: _____ Policy No.: _____
(BLOCK LETTER)

Name of Cardholder: _____ Credit Card Account No.: _____
(BLOCK LETTER)

Relationship to Policyholder: _____ Expiry Date (Month/Year): _____ / _____

Until further notice (one month advanced written notice is required to terminate this payment instruction), I authorize **PACIFIC CROSS INSURANCE COMPANY LIMITED** to charge the premium including installment payments for this insurance policy to my credit card account.

Signature of Cardholder: _____ Date: _____ / _____ / _____
(MM/DD/YY)