

CARRIER NAME: _____ **CCA Case#** _____ **File#** _____

Old ID# _____ **New ID#** _____

To Whom It May Concern:

I, _____, give permission for the withdrawal of the initial payment / EFT from my bank account or credit card to ensure payment of premium. If there are further questions about this issue, you may contact me at _____.

我允許亞裔中心使用我的銀行賬戶或者信用卡幫我付第一個月的月費 / 自动转账

Billing Address (賬單地址) : _____

☐ Bank Account Owner name (賬戶持有人名字) : _____

Bank Name: _____

Routing# (銀行號碼) : _____

Account# (銀行賬戶號碼) : _____

☐ Credit Card Holder Name (信用卡持有人名字) : _____

Account# (16 digits) (信用卡號) : _____

Security Code (安全碼) : _____ VISA / MASTER

Expiration Date (失效日期) : _____

Sincerely,

Signature 簽名

Date 日期

NOTE:

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