# Chargecard authority

## Guidance notes

**Please complete in BLOCK CAPITALS** and return the form to your Financial Adviser or Aviva.
Please DO NOT return the completed form to your Bank or Building Society.

Contact us if you need to on **+44(0) 172 241 5088** or email us at **olab@dgaviva.com**. Website: **olab.aviva.com**.

## Chargecard Authority - For GBP, USD and EUR payments only

**Please note that we are unable to accept pre-loaded cards (with the exception of Icelandic customers)**

Until further notice in writing, I authorise Aviva to charge to my **MASTERCARD/VISA*** _____ GBP/USD/EUR* (please insert regular premium amount) on or immediately after D D M M Y Y Y Y (please insert date of collection) and **annually/monthly#** thereafter.

(*delete as appropriate)

(#Changes to amount or frequency must be requested in writing by post and are subject to policy terms and conditions)

Card number _____ Expiry date M M Y Y Currency _____

Cardholder's name _____ Signature _____

Address _____

Signature date D D M M Y Y Y Y

Policy Number/Collection reference

Email address _____

Please post this completed Chargecard Authority to:

**Aviva**
**PO Box 1550**
**Salisbury SP1 2TW**
**United Kingdom**

Or send by Fax to our secure locations in the UK: **+44 (0) 1722 416331**

**Please note:**
Aviva Life & Pensions UK Limited is committed to comply with the Payment Card Industry Data Security Standard (PCI DSS).
To comply with PCI DSS, we are unable to accept any email containing chargecard data.

**Aviva Life & Pensions UK Limited.**
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