# AARO CREDIT CARD DEBIT AUTHORIZATION FORM

MSH

on behalf of AARO The Association of Americans Resident Overseas

☐ I HEREBY authorize MSH to debit my credit card for the amount of my insurance premium (After payment of your first premium, your credit card information will be destroyed for legal reasons).

Please attach an authorization with each contract or contact Visa or Mastercard Center beforehand to give your approval.

Insured First name(s):

Insured member's Last name:

## CARDHOLDER'S DETAILS

Cardholder's First name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Cardholder's Last name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Member number (if already enrolled):

Amount Due: ☐☐☐☐☐.☐☐ Euros

Date (DD/MM/YYYY): / /

Signature:

** If the cardholder is not the visa applicant, please provide copy of passport of the cardholder*

## DEBIT CREDIT CARD DETAILS

Type of credit card: Visa ☐ Mastercard ☐ Amex ☐

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration date (MM/YY): ☐☐ / ☐☐

Validation code (mandatory): ☐☐☐☐ *(last 3 digits on the back of your card, or the four-digit number for AMEX cards. For American Express cards, the validation code is shown on the front of your card.)*

**Email indiveurope@msh-intl.com to MSH**

**or attach to your application form**