

Credit Card Payment Form

Important Notes

- Please contact us as quickly as possible when your card is due to expire or change (i.e. you have a new name, card number or address). Please contact us by telephone +44 (0)1344 233950, or by email at info@expacare.com
- If your card is declined, we will contact you straight away to discuss payment options.
- If we do not receive payment by the premium date due, your policy may be cancelled and no further claims will be paid.

Paying by Instalments

- In addition to offering annual payment, Expacare are pleased to offer you the choice of paying your premium on either a semi-annual or quarterly basis. An administration charge of 2% and 4% respectively will be applied (these fees are not applicable when Individual policies are issued to policyholders in the EEA). In respect of Individual policies, if you do not live in the EEA and are paying for your insurance via instalments then you will not benefit from protections under the Consumer Credit Act or the Consumer Credit Sourcebook of the Financial Conduct Authority.
- We can only accept semi-annual or quarterly premium payments where the cardholder has completed this form giving us authority to automatically debit the card with the amount due and any subsequent premiums due.
- We cannot accept payment by instalments on a card that is due to expire before the end of the certificate period.

Payments Online

- Credit card payments can be made securely online using our Pay Online Service, this can be accessed via our website at www.expacare.com

Send your form to us:

E: info@expacare.com

Post:

Expacare Limited
11 Bracknell Beeches
Old Bracknell Lane West
Bracknell, Berkshire
RG12 7BW

Internal Ref:

Please complete the appropriate details below

Your card details will be processed in accordance with strict data security regulations.

Policy details

Name:

Policy number:

Amount (GBP, USD or EUR):

Card details

Expiry date of credit card: MM / YY

Name on credit card:

Address where credit card bills are sent:

I hereby authorise that the Card Account specified below may be debited with the current premium due, and all subsequent renewal premiums (on or around your renewal date) due as notified by Expacare Limited until I give notice in writing that I wish to terminate this agreement. I understand that Expacare will give notice of renewal, and that the premium may vary each year. I understand that Expacare cannot be held liable if my policy is lapsed should the credit card be declined and I do not respond to requests for alternative methods of payment or update of expiry date. Please be advised that any refund due will be made to this credit card.

Cardholders signature:

Date: DD / MM / YY



Mastercard Card No:

Card security code (last three/four digits on back of card)



Visa Card No:

These details will be
securely destroyed.