

Universal Life
 Accident & Health Department
 P.O.Box 21270
 1505 NICOSIA

Dear Sirs

I hereby authorise Universal Life to directly credit my account (details of which are noted below) with the payment of my medical claims under the MultiCare International Health Plan with Membership Number 42-..... .

Bank Account Details	
Name of Bank	
Account Number	
IBAN Number*	
*The IBAN of your account is a 28 digit number which you can find on your monthly Bank Statement of Account.	
Account Name	
Note Your bank, in addition to the charges borne by Universal Life, may charge a fee for the transfer of funds into your account. Please contact your bank for further details.	
Contact Details	
E-mail Address (please inform us if you wish to be updated by e-mail)	
Contact Phone Number	

Yours sincerely

Date

Signature.....

Full Name.....

Identification Number

For legal entities kindly note that the document must be signed by authorised persons and be stamped by the company's official stamp.