



AUTO PAYMENT INSTRUCTION (APPLICABLE FOR FULL PAYMENT OPTION ONLY)

I hereby authorize MXM INTERNATIONAL SDN BHD or PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to auto charge my Membership Renewal Fee at the expiry of each anniversary of my prevailing Membership by charging the Credit Card indicated below. This authorization shall remain valid and in effect until cancelled by myself in writing to MXM INTERNATIONAL SDN BHD at least Sixty (60) Days prior to the expiry of my prevailing Membership. Notwithstanding the above instructions, I agree that my Membership may be terminated if the Membership Fee is not paid when due.

Member's Name _____ NRIC No. _____

PAYMENT INSTRUCTIONS

VIA CREDIT CARD	
Card Holder's Name _____	NRIC No. (new) _____
Tel (H/P) _____ (O) _____	(Hse) _____
Credit Card No. _____	Card Expiry Date _____
Issuing Bank _____	<input type="checkbox"/>  <input type="checkbox"/> 
Cardholder's Signature <input checked="" type="checkbox"/>	Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC _____
hereby authorize the usage of my credit card for purpose of application for membership under the MXM Membership Program.

Cardholder's Signature

Relationship _____

Contact No. _____

IMPORTANT : Please ensure you have sufficient credit limit in your credit card for processing. Credit card holders are required to provide photocopy of Credit Card (Front & Back), NRIC (Front & Back) for verification purposes.

Terms & Conditions :

1. This is the instruction that accompanies my MXM Membership Application or Renewal that is automatically renewable on the anniversary of each Membership renewal. I understand that the Membership Fee during renewal may vary due to change of age band / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s).
2. The full payment on my Renewal Membership Fee will be charged to my above Indicated credit card. I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
3. In the event that any full payment payable hereunder is not effected for any whatsoever reason, the Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), PHM and/or MXM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnify and keep the said parties indemnified against any liabilities and/or claims which might arise after such cancellation.
4. Account holder must inform PHM in writing of any changes pertaining to lost /stolen/ termination /cancellation or change of credit card at least 14 days before the renewal expiry date.
5. MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions from time to time.

Signature of Member

Date _____

