



**RE: Authorization to debit bank account by credit card in one single payment**

- I hereby grant you an irrevocable authorization to debit the following credit card in my name, in a single payment.
- Information concerning the cardholder:**

<b>Personal Details</b>	Surname:	First name:	Date of birth:	
	Passport no.:		Nationality:	
<b>Address in Israel</b>	Street	No.:	Town:	Zip code:
	<b>Telephone</b>	Residence:	Workplace:	Cellular:

**3. Type of credit card (please check one):**

- MASTERCARD    
  VISA    
  DINERS    
  AMERICAN EXPRESS

<b>Expires on</b>		Credit card number	Last 3 numbers shown on back of card
month	year		
		- - -	

I, the undersigned, hereby permit you to debit the account as intended in the conditions for joining the Credit Card arrangements in ILS in a sum equivalent to \$\_\_\_\_\_ according to the representative rate of the Dollar on the date on which my account will be debited at the bank.

Insurance Plan (UMS/Shira UMS, etc.) \_\_\_\_\_, effective from \_\_\_\_\_ to \_\_\_\_\_.

- I am aware of the fact that the insurance will take effect on the date indicated above, provided that the original copy of the insurance proposal accompanied by this authorization reaches the offices of the Insurer prior to the date of effect of the insurance as aforesaid. Otherwise, the insurance will take effect upon receipt of the insurance proposal and this authorization at the offices of the Insurer.
- I am aware of the fact that the obligation of the insurer to provide insurance coverage is subject to the Insured Person's signature on the Health Declaration included in the insurance proposal, to the agreement of Harel to cover the Insured Person with the insurance, and to the further condition that the above-mentioned credit card in my possession is valid.
- I am aware of the fact that the insurance coverage in respect of any transaction exceeding a value of \$700 is subject to the approval of the said transaction by the credit card company.
- If the transaction is performed by telephone or by post, and not in the physical presence of the customer, please write: "by phone/postal instruction" in the space marked "Cardholder's signature."

\_\_\_\_\_ Cardholder's signature \_\_\_\_\_ Date

**CONFIRMATION**

Payment for the above premium amount has been received. Once your application has been processed and approved by Harel Insurance Co. Ltd., the insurance coverage take immediate effect.

\_\_\_\_\_ Signature of Harel-Yedidim representative     \_\_\_\_\_ Name of Harel-Yedidim representative     \_\_\_\_\_ Date

**SERVICE & REPRESENTATIVE AGENT**  
 Harel-Yedidim Insurance Company, Yedidim House, 14 Yad Harutzim St., Tel Aviv 67778  
 Tel. 03-6386216-7, 03-6889407, Fax: 03-6874534, e-mail: y\_health@yedidim.co.il