## DIRECT DEBIT APPLICATION FORM

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Instructions for Premium payment through Debit fro	m Bank account	Date: D D M M Y Y Y Y
Aviva Life Insurance Company India Ltd. Aviva Tower, Sector Road, Opposite DLF Golf Course, DLF Phase V, Sector 43, Gurgaon-122003.		
Dear Sir,		
Re: Authorization to pay Insurance Premium amount through Debit from I	Bank Account	
I, the undersigned hold a valid Policy bearing No.	OR Application bearing No.	
I wish to avail of the direct debit facility and hereby express my unconditional consent to debit premium payment of my policy referred to above through a debit from my bank account. I also give my consent to deduct the premium as per variations in the premium amount in future due to changes in Service Tax as per Government directives.		
I, hereby declare that the particulars given are correct and complete. I understand and accept that the transaction will be effected on the due date of the policy (next working day in case the due date falls on a holiday). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold the company /user institution responsible. I agree to discharge the responsibility expected of me as a participant availing the facility.		
*Primary Account Holder's Signature (*Only if Primary Account Holder (Signature of all account holders is manda	Joint Account Holder's Signature 2	Policy Holder's Signature
differs from Policy Holder)		
I hereby authorize Aviva to debit my bank account for my premium payments. The details of my Bank Account are mentioned below:		
PARTICULARS OF BANK ACCOUNT (TO BE FILLED IN CAPITAL LETTERS)		
a. Name of the Primary Account Holder (as in the bank account) :		
b. Bank Name :		
c. Branch Address :		
d. 9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank		
e. Account Type: Savings Account Current Account Others		
f. Account Number : Account a final field for the field fo		
Yes, I have attached a photocopy of a blank cheque or a blank cancelled cheque.		
g. Start Date: D D M M Y Y Y Y End Date: D D M M Y Y Y Y and Upper Limit of the premium amount		
		um amount
g. Start Date: D D M M Y Y Y Y End Date: D D M M		um amount
g. Start Date: D D M M Y Y Y Y End Date: D D M M	PAYMENT FREQUENCY	
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For details on our branch locations, please log on to www.avivaindia.com or call us at 18001802266 for a call back.

Aviva Life Insurance Company India Ltd.: Head Office: Aviva Tower, Sector Road, Opposite DLF Golf Course, DLF Phase V, Sector 43, Gurgaon-122003. Tel: +91 (0) 1242709046; Fax: +91 (0) 1242571210 DD/Mandate/Ver1.0/September 2012