

Auto Pay Debit Mandate Form for NACH

DECLARATION

I/We wish to avail the Direct Debit facility and hereby express my unconditional consent to the Company and its authorized service providers to debit premium of my policy referred to below through participation in Automated Clearing House (NACH).

I/We take full responsibility of the genuineness and correctness of the details filled in the below mandate and I may be contacted by the Company or its authorized service providers to verify the below information. In case of incorrect/incomplete information, the registration will not be initiated.

I/We will ensure sufficient balance in the account on the date of execution of the debit request and will bear the bounce charges for transactions that have been unsuccessful due to any reason. If the transaction is delayed or not effected at all for incomplete or incorrect information or for any other reason, I/We shall not hold the Company responsible and I shall be liable for the late payment charges and other consequences as maybe enforced by the Company as per the terms and conditions of the policy contract.

I understand that the premium will be debited on the due date of the policy. If the due date falls on a holiday, the premium would be debited on the next working day.

I understand that the premium amount to be debited may vary due to applicable taxes and other statutory levies as may be applicable from time to time.

Note: Please fill the mandate amount with an additional 5% to accommodate any increase in premium due to changes in applicable taxes. Your account will be debited only with the premium due for your policy even if the mandate is given for a higher amount.

F-Aviva-APDM/Ver:1.1/17th Mar 2020/Public

MANDATE INSTRUCTION FORM -	 UMRN <input type="text"/>	Date <input type="text"/>
	(tick <input checked="" type="checkbox"/>) Sponsor Bank Code <input type="text" value="CITI000PIGW"/> Utility Code <input type="text" value="YESB00241000007785"/>	
	CREATE <input type="checkbox"/>	I/We hereby authorize <input type="text" value="Aviva Life Insurance Company India Ltd"/> to debit (tick <input checked="" type="checkbox"/>) <input type="text" value="SB/CA/CC/SB-NRE/SB-NRO/Other"/>
	MODIFY <input type="checkbox"/>	Bank a/c number <input type="text"/>
	CANCEL <input type="checkbox"/>	with bank <input type="text"/> IFSC <input type="text"/> or MICR <input type="text"/>
		an amount of Rupees <input type="text"/> ₹ <input type="text"/>
		Frequency <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & When Presented Debit type <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
		Reference-1 <input type="text"/> Phone No. <input type="text"/>
		Reference-2 <input type="text"/> Email ID <input type="text"/>
		I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
	Period From <input type="text"/>	
	to <input type="text"/>	
	<input type="checkbox"/> Until Cancelled	
	Signature of the account holder	Signature of the account holder
	Name of the account holder	Name of the account holder
	Signature of the account holder	Signature of the account holder
	Name of the account holder	Name of the account holder
	<ul style="list-style-type: none"> This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity/Corporate to debit my account based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the User entity / corporate or the bank where I have authorized debit. 	