

## 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.

<b>AVIVA</b>		UMRN													Date								
CREATE MODIFY CANCEL		<input checked="" type="checkbox"/> Sponsor bank code		KKBK0RTGSMI								<input type="checkbox"/> Utility Code		YESB0024100007785									
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> I/We hereby Authorize		AVIVA LIFE INSURANCE COMPANY INDIA LTD.								To Debit		<input type="checkbox"/> SB/ <input type="checkbox"/> CA/ <input type="checkbox"/> CC/ <input type="checkbox"/> SB-NRE/ <input type="checkbox"/> SB-NRO/ <input type="checkbox"/> OTHER											
Bank a/c Number																							
With Bank				IFSC																			
an amount of Rupees																							
Frequency		<input checked="" type="checkbox"/> Monthly		<input type="checkbox"/> H-Yrly		<input type="checkbox"/> Yearly		<input checked="" type="checkbox"/> As & when presented		Debit Type		<input checked="" type="checkbox"/> Fixed Amount		<input checked="" type="checkbox"/> Maximum Amount									
Reference 1												Phone Number											
Reference 2												Email ID											

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 bank.

PERIOD									
From									
To									
	Sign. Primary Acc. Holder			Sign Acc. Holder			Sign Acc. Holder		

1.Name as in Bank Records

2.Name as in Bank Records

3.Name as in Bank Records