DIRECT DEBIT APPLICATION FORM - HDFC Bank



Instructions for Premium payment through Debit from	m - HDFC 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 B	
I, the undersigned hold a valid Policy bearing No.	OR Application bearing No.
	nal consent to debit premium payment of my policy referred to above through a debit er variations in the premium amount in future due to changes in Service Tax as per
	erstand and accept that the transaction will be effected on the due date of the policy in is delayed or not effected at all for reasons of incomplete or incorrect information, arge the responsibility expected of me as a participant availing the facility.
*Primary Account Holder's Signature (*Only if Primary Account Holder (*Grant fried Policy Holder (Signature of all account holders is mandate)	Joint Account Holder's Policy Holder's Signature 2 Signature
differs from Policy Holder) Liberary authorize Aviva to debit my bank account for my premium navmer	nts. The details of my Rank Account are mentioned below:
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 c	heque issued by the bank
e. Account Type: Savings Account Current Account Ot	thers
f. Account Number :	(As appearing on the cheque book)
Yes, I have attached a photocopy of a blank cheque or a blank car g. Start Date:	ncelled cheque.
PREMIUM PAYMENT FREQUENCY	
From Yearly Half-Yearly	Quarterly Monthly
Contact Numbers Time Tearly	
STD Residence STC Certified that the particulars furnished above are correct as per our records	
Date: DDMMYYYY Bank's Stamp:	Signature of Authorised Bank Official:
	SECTION B
To be retained by your Bank To,	such instructions for payment of my dues on my Aviva Life Insurance Company India Limited Policy/ Policies as and when received from company. I/we further authorise
The Manager	the Company/its representative to get this mandate verified and registered with you. Mandate Verification charges if any may be debited to my/our account.
Bank Name	I further request you to inform Aviva Life Insurance Company India Limited of any
Branch Address	change in the status of my account. In case I wish to revoke the above authorisation
	for any reasons whatsoever, I undertake to inform Aviva Life Insurance Company India Limited after giving an advance notice of two months in writing and will not hold you
Dear Sir/Madam, I, the undersigned hold a valid Policy number with Aviva Life Insurance Company Limited ('company') and wish to avail of the facility of Debit	responsible for such revocation and any disputes arising therefrom with the company in respect of the above policy and/or this mandate.
from my bank account towards payment of my monthly/half-yearly/	*Primary Account Holder's Signature (*Only if Primary Account Holder differs from Policy Holder)
yearly policy premium, due to the Company, by debit my account	
number maintained with the Bank,	Joint Account Holder's Signature 1 Joint Account Holder's Signature 2
by way of Direct Debit through Enet. I hereby authorise you to honour all	(Signature of all account holders is mandatory)