DIRECT DEBIT APPLICATION FORM



Instructions for Premium payment through Debit from	m Bank account Date: D D M M 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 E	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 Joint Account Holder's Signature Signature 1 (*Only if Primary Account Holder (Signature of all account holders is mandated)	Joint Account Holder's Policy Holder's Signature 2 Signature
differs from Policy Holder)	OTY)
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 :	(As appearing on the cheque book)
Yes, I have attached a photocopy of a blank cheque or a blank cancelled cheque.	
g. Start Date: DDMMYYYYY End Date: DDMMYYYYY and Upper Limit of the premium amount	
PREMIUM PAYMENT FREQUENCY	
From Yearly Half-Yearly	Quarterly Monthly
Contact Numbers STD Residence STI Certified that the particulars furnished above are correct as per our records	
Certified that the particulars furnished above are correct as per our records.	
Date: DDMMYYYYY Bank's Stamp:	Signature of Authorised Bank Official:
	SECTION B
To be retained by your Bank To, The Manager	dues on my Aviva Life Insurance Company India Limited Policy/ Policies. I/we further authorise 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.
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 from my bank account towards payment of my monthly/half-yearly/ yearly policy premium, due to the Company, by debit my account	*Primary Account Holder's Signature (*Only if Primary Account Holder differs from Policy Holder)
number maintained with the Bank. I hereby authorise you to honour all such instructions for payment of my	Joint Account Holder's Signature 1 Joint Account Holder's Signature 2 (Signature of all account holders is mandatory)

For details on our branch locations, please log on to www.avivaindia.com or call us at 18001802266 for a call back.