

DIRECT DEBIT AUTHORITY FORM

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| CUSTOMERS DETAILS Bank: _____ Bank Code: _____ Branch: _____ A/C No: _____ | BENEFICIARY DETAILS Name: MADISON LIFE ASSURANCE KENYA LTD Bank Name _____ Branch _____ Branch Code _____ Account to be credited _____ Originators Code: 0111 _____ |
| Policy No _____ | Loan _____ |

Member's Name: _____ **ID NO.** _____

Address: _____ **Mobile:** _____

Email: _____

I/We hereby request, instruct and authorize you to draw against my/our account with the above-mentioned bank or any other bank or branch to which I/We may transfer my/our account the sum of Kshs. _____ (amount in words)

the amounts necessary for payment of the monthly installment/premium due in respect of the above mentioned agreement on the (1ST) (5TH) (10TH) (15TH) (20TH) (25TH) (30TH) day of each and every **Month/Quarterly/Half Year/Yearly/** commencing on Day / _____ / Month / _____ Year _____ and continuing (as the case may be) all such withdrawals from my/our account by you shall be treated as though they have been signed by me/us personally.

The amounts are variable and may be debited on various dates. I/We understand that you may change the amount and dates only after giving me/us prior notice.

I/We understand that the withdrawals hereby authorized will be processed by direct debit transfer and I/We also understand the details of each withdrawal will be printed on bank statement or any accompanying voucher. I/We agree to pay any bank charges relating to this authority.

This authority may be cancelled by me/us giving 30 (thirty) days notice in writing sent by pre-paid registered post or delivered to the offices of the above-mentioned company/association but I/We understand that I/We shall not be entitled to any amounts which you have already withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this authority by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be). I/We understand that if any Direct Debit Transfer is paid which breaks the terms of this authority, you will make a refund upon application.

I/We confirm having read and understood the attached terms and conditions and agree to be bound by the same.

Signed at _____ on this _____ day of _____ 20_____

Specimen 1

Specimen 2

Specimen 3

(Members signatures as used for signing cheques)

Witnessed by MADISON LIFE ASSURANCE STAFF (FULL NAME) _____ Sign _____ Date _____

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|---|--------------------|
| For Bank use only: Confirm Bank Details & Signature: _____ Date Stamp: _____ | Approved By: _____ |
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