A Joint Venture of

Bank of Baroda | Legal & General | Andhra Bank

IndiaFirst LIFE INSURANCE

Mandate Form
Electronic Clearing Service/ Direct Debit

To,

The Branch Manager,

Bank Name _____ Date _____

Bank Branch Name & Address _____

Ref: Authorization to pay IndiaFirst Life Insurance premium through Electronic Clearing Service (ECS) / Direct Debit (DD)

Dear Sir/Madam,

I/ We undersigned authorize IndiaFirst Life Insurance Company Limited / their authorized service provider to debit my / our bank account through ECS / Direct Debit towards payment of my / our life insurance premium, as per the details provided below

☐ ECS ☐ Direct Debit

Application Number	Policy Number (in figures)	Amount (₹) (in words)	Amount	Frequency (i.e. yearly/ half yearly/monthly)	Start Date	End Date

Name of the Account Holder (As appearing in the Bank records) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Customer Address _____

Account No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Type ☐ Savings ☐ Current ☐ Cash Credit

(Affixing of your proprietary firm / company stamp is mandatory, in case of a current account)

MICR Code (Applicable in case ECS payment) ☐☐☐☐☐☐☐☐☐

(Is the 9 digit code on the cheque book issued by the bank. You are requested to attach a cancelled cheque for verification of the MICR Code)

IFSC Code (Applicable in case Non ECS payment) (If appearing on the Cheque book) ☐☐☐☐☐☐☐☐☐☐☐

Mobile No. ☐☐☐☐☐☐☐☐☐☐ Email Id _____

Declaration for Auto Debit

- I/We, wish to avail the ECS / Direct Debit facility for payment of my/our insurance premium in accordance with the details provided above, which are correct and complete.
- If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we shall not hold the company responsible for such delay or non credit to my policy.
- In addition, I/We understand and agree that the premium amount to be debited from my/ our account may vary due to taxes and other statutory levies as may be applicable from time to time. I/ We also accept that the transaction will be effected to the policy on the due date (provided it is a working day).
- In case of an ECS / direct debit dishonor, I/ We authorize IndiaFirst Life Insurance to re-debit my/our bank account with the mentioned bank to recover the premium payable.
- I hereby authorize IndiaFirst Life Insurance Co. Ltd. and their authorize service providers to debit my Bank Account directly or by ECS (Debit Clearing) for collection of premium payments.
- I/We hereby agree to maintain adequate balance in the account stated herein for availing ECS/Direct Debit facility.

Yes, I / we have attached a blank cancelled cheque

Certificate of the Bank Named in the Mandate

It is certified that as per our records, the bank account particulars of the mandate above are correct and the signature of the bank account holder is true.

Bank Stamp

Signature of Authorized Bank official

ECS / DD mandate should be verified by bank branch and should have "Signature verified stamp"along with "fixed specimen signature number".

ECS / DD is automated facility which debits your premium from the bank account specified by you on your premium due date, except in case of a holiday or for ECS locations under the non-rolling settlement category.

Policyholder's Signature	Primary Account holder's Signature (If Primary Account holder differs from Policyholder)	Joint Account holder's 1 Signature	Joint Account holder's 2 Signature

Note-

- Requests for payment mode change to ECS / Direct Debit has to be submitted 30 days prior to the due date or the same would be effective from the next premium due date.
- Data provided by you in the cancelled cheque and the proposal form may be used by the Company to complete the ECS Mandate in case the required information has not been filled.
- Above mentioned mode selected would be used by the company to make payout(s) to the Proposer. Payment would be in accordance and subject to the terms of the policy.
- Further, the Company reserves the right to use any alternative payout option including demand draft/payable at par cheque in spite of opting for Direct Credit option.
- Request for deactivation of ECS / DD mandate should be submitted 25 days prior to the due date or same would be effective from the next premium due date.

For any query or more information, call

Toll Free **1800 209 8700**

or mail us at customer.first@indiafirstlife.com

Communication Address:
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