

# FIXED / VARIABLE DIRECT DEBIT AUTHORIZATION FORM



REF# \_\_\_\_\_ OIN \_\_\_\_\_

## PREMIUM PAYER

SURNAME: \_\_\_\_\_  
OTHER NAMES: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PREMIUM DETAILS

FIXED  VARIABLE   
PREMIUMS (GH¢)  
AMOUNT IN WORDS: \_\_\_\_\_  
DATE OF FIRST DEDUCTION: 

D	D	M	M	Y	Y	Y	Y
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SUBSEQUENT DEDUCTION:  DAILY  WEEKLY  MONTHLY  QUARTERLY  YEARLY  
DAY OF EVERY DEDUCTION: From  To  Until further notice in writing until \_\_\_\_/\_\_\_\_/20  
POLICY NUMBER: \_\_\_\_\_

## INSTRUCTION TO BANK

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_  
TYPE OF ACCOUNT: CURRENT  SAVINGS  OTHER  SORT CODE: 

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BANK ACCOUNT NAME: \_\_\_\_\_  
BANK ACCOUNT NO.:

I/WE THE UNDERSIGNED HEREBY AUTHORIZE THE BANK TO DEDUCT MY/OUR MONTHLY PREMIUM FOR MY/OUR SIC LIFE INSURANCE POLICY AS INDICATED ABOVE SUBJECT TO THE TERMS AND CONDITIONS PROVIDED BELOW. SIC LIFE COMPANY LIMITED IS HEREBY INDEMNIFIED AGAINST ANY CLAIM OR LIABILITY THAT MAY ARISE BUT NOT LIMITED TO MY/OUR PROVIDING THE WRONG BANK DETAILS, POLICY NUMBER, OR ANY OTHER ERROR IN MY/OUR INSTRUCTIONS IN RESPECT OF WHICH SIC LIFE COMPANY LIMITED ACTS IN IMPLEMENTING MY/OUR DIRECT DEBIT AUTHORIZATION. I/WE UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORISED WILL BE PROCESSED THROUGH AN AUTOMATED CLEARING HOUSE PLATFORM PROVIDED BY GHIPSS.

- TERMS AND CONDITIONS:**
- The efficiency of the Direct Debit scheme is monitored and protected by all parties involved.
  - If an error is made by any of the parties involved, you are guaranteed a full and immediate refund to own bank account by the originator of the error.
  - The client can cancel this mandate at any time by writing to SIC Life within..... in advance of your account being debited.
  - SIC LIFE has agreed to advance notice of the amount at least 10 days before the date of first debit; electronic means by e-mail and SMS where the customer had provided them.

CLIENT SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_ DD / MM / YYYY

## INTERNAL USE ONLY

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_ DD / MM / YYYY