

ELECTRONIC CLEARING SYSTEM (ECS) / DIRECT DEBIT MANDATE FORM

Instructions for premium payment through:

 ECS

 Direct Debit

(In case no option is selected, the default option will be ECS)

(This form is to be filled compulsorily with every application when frequency to pay the premium is opted as "MONTHLY". Also where the policy holder desires to pay renewal premiums through their bank account directly, this form is to be submitted with the application)

To,
Star Union Dai-ichi Life Insurance Co. Ltd
11th Floor, Raghuleela Arcade,
Opp. Vashi Railway Station,
Vashi, Navi Mumbai 400703

Re: Authorization to pay Insurance premium amount through Electronic / Debit Clearing System

I, the undersigned, have submitted a Proposal/Application bearing no. for insurance to Star Union Dai-ichi Life Insurance Co. Ltd.

I request you to pay ₹ _____ to SUD from my bank account no. _____

1. Every month on _____ (date) from _____ (date).
2. Every quarter on _____ (date) from _____ (date).
3. Every half year on _____ (date) from _____ (date).
4. Every year on _____ (date) from _____ (date).

(Please tick the appropriate option mentioned above)

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 participation in the Electronic Clearing System (ECS) / Direct debit. I agree for any changes / variation in premium on account of the taxes and other statutory levies and hereby express my consent for the same.

I hereby declare that the particulars given are correct and complete. I understand and accept that the transaction will be effected on the policy due date (provided the day is a working day) or on next day, if the due date happens to be a holiday. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Star Union Dai-ichi Life Insurance Co. Ltd. responsible. I agree to discharge the responsibility expected of me as a participant under the scheme.

I hereby authorize Star Union Dai-ichi Life Insurance Co. Ltd. to enable the ECS / Direct Debit facility for my premium payments and in the instance of a direct debit / ECS debit dishonor, to re-debit my/our same account with the bank to recover the premium payable.

Note: ECS is an 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. This is applicable for all active (In Force) policies.

To avail this facility you are requested to submit this form along with a cancelled cheque.

The ECS / Direct Debit request will be rejected if:

1. The above account details do not tally with your bank records.
2. A cancelled / photocopied cheque is not attached.

Yes, I have attached a blank cancelled cheque / photocopy of the same.

Date:

Signature of the Primary Account Holder
(If primary account holder differs from policyholder)

Signature of the PolicyHolder

Signature of Joint Account Holder 1

Signature of Joint Account Holder 2

Particulars of Bank account (to be filled in CAPITAL letters)

1. Name of the primary Account Holder _____ (As per your Bank records)

2. Bank Name _____ (As per your Bank pass book / Cheque book)

3. Branch Address _____
(As per your Bank Pass book Cheque book)

4. MICR Code number appearing on the cheque.

5. Account Number (As per your attached cheque)

6. Account Type Savings A/c Current A/c Cash Credit

7. IFSC Code

Certified that the particulars furnished above are correct and as per our records. All credits/refunds will be directed to the above-mentioned account.

Date	Bank Stamp / Seal	Signature of the Authorized Bank official
------	-------------------	---

----- Section B -----

TO BE RETAINED BY BANK:

To
The Manager

(Bank Name)

Branch Address

Dear Sir/Madam,

I the undersigned hold a valid policy Number _____, and wish to avail of the Electronic Clearing Facility / Direct Debit facility towards payment of Monthly / Quarterly / Half Yearly / Yearly policy Premium payments in favour of Star Union Dai-ichi Life Insurance Co. Ltd. I hereby authorize you to debit my a/c no. _____ towards premium due under the policy. Mandate charges may be charged to my account. I further request you to inform any status change in my account. I shall give a prior notice of 2 months to Star Union Dai-ichi Life Insurance Co. Ltd before revoking this authorization.

Primary A/c Holder's Signature

Joint A/c Holder's Signature

Policyholder's Signature

Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11th Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai - 400 703.

☎: 1800-266-88-33 (Toll free) / 022-39546300 (landline) - 8:00 am to 8:00 pm (Mon - Sat).

Email: customercare@sudlife.in | Website: www.sudlife.in | IRDAI Regn. No. 142 | C.I.No. U66010MH2007PLC174472