

## NACH / DIRECT DEBIT MANDATE FORM



**NACH/ECS/  
DIRECT DEBIT  
MANDATE  
INSTRUCTION  
FORM**

UMRN

F O R O F F I C E U S E O N L Y

Date 

D	D	M	M	Y	Y	Y	Y
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Tick (✓)

Sponsor Bank Code

CIT100PIGW

Utility Code

CIT100002000000037

CREATE

MODIFY

CANCEL

I/We hereby authorize

STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.

to debit (tick ✓)

SB / CA / CC / SB-NRE / SB-NRO / Other

Bank a/c number

with Bank

Name of customer bank

IFSC

or MICR

an amount of Rupees

Amount in words

₹

FREQUENCY

 Monthly Quarterly Half Yearly Yearly As & when presented

DEBIT TYPE

 Fixed Amount Maximum Amount

Reference 1 (SUD Policy No.)

Phone No.

Reference 2 (SUD Application No.)

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From

D	D	M	M	Y	Y	Y	Y
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To

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Or

 Until Cancelled

Policy Holder Signature

A/c Holder Signature

Joint A/c Holder Signature

1. Policy Holder Name

2. A/c Holder Name

3. Joint A/c Holder Name

\* This is to confirm that the declaration, terms & conditions has been carefully read, understood & made by me/us. I am authorizing the user entity/ Corporate to debit my account, based on the instructions as agreed and signed by me.

\* I have understood that I am authorised to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

### Instructions to fill Auto Debit Form

- ✓ UMRN- To be **left blank**.
- ✓ Sponsor Bank Code & Utility Code to be **left blank**.
- ✓ Following fields to be filled mandatorily-
  - Date in DD/MM/YYYY format.
  - Bank A/c Type : Tick the relevant type.
  - Bank A/c Number : CBS account details to be filled.
  - Bank Name : Destination Bank Name.
  - IFSC Code/ MICR Code : As actual.
  - Mentioned Maximum Amount.
  - Period : Starting date of ACH registration (in DD/MM/YYYY format).
  - Signature as per Bank record.
  - A/c Holder name as per Bank record.
- ✓ For cancelling / modifying Direct Debit Mandate, Policy Holder has to use "NACH" Mandate form by selecting option available on Mandate.
- ✓ Direct Debit Mandate request will be accepted only if the "Bank" mentioned in the request form is listed in the NACH banks list.

### Terms & Conditions

- ✓ This form is to be filled compulsorily with every application when frequency to pay the premium is "monthly."
- ✓ I /We give my consent to debit the mentioned account for making payment of premium under the policy of Star Union Dai-ichi Life Insurance Co. Ltd.
- ✓ I/We understand and accept that the transaction will be effected on the due date or the next working day of the Bank. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I shall not hold Star Union Dai-ichi Life Insurance Co. Ltd. responsible.
- ✓ I/We agree to any increase in premium deductions due to changes in applicable regulations/service tax rates or change in frequency of premium payment.
- ✓ I /We authorize Star Union Dai-ichi Life Insurance Co. Ltd. to enable the Direct Debit facility for premium payments and in the instance of dishonour of Direct Debit, to Redebit my/ our same account with the bank to collect the premium payable.
- ✓ I/We declare that the particulars given on Direct Debit Mandate are correct & complete in all respects.
- ✓ I/We have read the Terms & Conditions written above.

### Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11<sup>th</sup> Floor, Vishwaroop I.T. Park, Plot No. 34, 35 & 38, Sector: 30A of IIP, Vashi, Navi Mumbai - 400 703.  
Toll free - 18002668833, Call: 022 - 39546300 (Charges apply). Timing - 8:00 am to 8:00 pm; Mon- Sat, Fax No.: 022-39472811  
Email: customercare@sudlife.in Website: www.sudlife.in IRDAI Regn. No. 142 C.I.No. U66010MH2007PLC174472

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