

## DIRECT DEBIT AUTHORITY FORM

<p><b>Originator Code :- 0203</b>  <b>PIONEER ASSURANCE COMPANY LIMITED</b></p> <p><b>DDA Ref No:</b></p> <p><b>Bank Name:</b> AFRICAN BANKING CORPORATION LIMITED</p> <p><b>Account Name:</b> PIONEER ASSURANCE COMPANY LIMITED</p> <p><b>Branch:</b> LIBRA BRANCH</p> <p><b>Account No. to be Credited</b></p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">7</td><td style="width: 20px;">2</td><td style="width: 20px;">3</td><td style="width: 20px;">9</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">1</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">0</td><td style="width: 20px;">2</td><td style="width: 20px;">8</td><td style="width: 20px;">4</td> </tr> </table>	0	0	7	2	3	9	0	0	1	0	0	0	2	8	4	<p><b>Date:</b> _____</p> <p><b>Paying Bank:</b> _____</p> <p><b>Branch :</b> _____</p> <p><b>Type of Account</b> Saving <input type="checkbox"/> / Current <input type="checkbox"/></p> <p><b>Other</b> _____</p> <p><b>Account No. to be debited:</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>															
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	<p><b>Policy Holder Bank Code(official use)</b></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																														

### DIRECT DEBIT AUTHORITY FORM TERMS AND CONDITIONS

I/We hereby request, instruct and authorize you to draw against my / our bank account with the above-mentioned bank or any other branch of that bank to which I/We may transfer my / our account.

I/We understand that the withdrawals hereby authorized will be affected by direct debit transfers and you shall be entitled to treat all such withdrawals as though they have been signed by me/us personally.

I/We agree to pay any bank charges relating to this authority and excise duty thereof.

I/We agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, my/our bank shall be entitled at its discretion, not to effect any such transfer in which event my/our bank may make the usual service charge in force from time-to-time to be paid by me/us.

I/We agree that you shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, you shall be entitled, at your discretion, not to effect any such transfer in which event you may make the usual service charge to be paid by me/us.

This Authority shall be effective until further notice. I/We agree that any notice of cancellation or variation of this Authority which I/we may give you shall be given at least 30 working days prior to the date on which such cancellation/-variation is to take effect and at the same time, such notice shall be given to the beneficiary. However, I/We understand and agree that I/we shall not be entitled to any refund of amounts which you may 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 in breach of the terms of this Authority, you shall make a refund upon demand.

I/We understand the bank: (a) may in its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on my/our bank; and (b) hereby reserves the right to cancel this authority without notice to the me/us if the direct debit has failed and payments could not be made for three consecutive times due to lack of funds, the account being blocked and/or account being dormant or any other reason(s) which is/are due to my/our acts and/or omissions and my/our Bank shall not be liable for such cancellation, failure to execute or insufficient execution of the instruction or any direct and/or indirect consequences that may arise from the same.

I/We confirm having read and understood the above terms and conditions of direct debit transfer and agree to be bound by the same.

Signed at .....at this .....day of.....

<p><b>Payers Details</b></p> <p>Name: _____</p> <p>ID No : _____</p> <p>Policy No : _____ (Head office use only)</p> <p>Address : _____</p> <p>Contact Phone : _____</p> <p><b>New</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/></p>	<p>Maximum amount to be debited Kshs _____</p> <p>Maximum Amount In words _____</p> <p><b>Debit Date:</b></p> <p><b>DD</b> _____ <b>MM</b> _____ <b>YYYY</b> _____</p> <p><b>Starting Month/Year</b> _____</p> <p><b>Monthly</b> <input type="checkbox"/> / <b>Quarterly</b> <input type="checkbox"/> / <b>Half Yearly</b> <input type="checkbox"/> / <b>Yearly</b> <input type="checkbox"/></p> <p>_____</p> <p><b>Authorized Signature (s) as per bank account</b></p>
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**IMPORTANT NOTICE**

All premiums must be paid via authorized payment modes. Please do not give Cash/ Cheque payments to any Pioneer agents/staff except first premium. Pioneer Assurance will not take liability over any losses incurred.

In case of any doubt Contact us through (020) 2220814/5