

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.

Data Protection Privacy Notice

The information that you input here shall be retained by us strictly for our own use in line with the Data Protection Act No. 24 of 2019, our Privacy Policy and the Privacy Notice and I consent to the application of the Data Protection Act No. 24 of 2019 and the Bank's Privacy Policy and the Privacy Notice to all information provided to the Bank. This Privacy Notice may be updated from time to time and the most recent version can be found on our website or with our customer care representative. If you would like any further information contact our Data Protection Officer or kindly contact us at ABC Bank House, Woodvale Grove, Westlands, P. O. Box 38610 – 00800, Nairobi addressed 'for the attention of the DPO'.

Signed atat thisday of.....

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