

## Delta Life Insurance Company Limited

Authorization form for Premium payment through EFT Debit

**Section 1: To be filled by the Bank Account Holder(s)**

Policy Owner Details											
Name of the Policy Owner:											
Policy Number:						Premium Amount: Tk.					
Premium Payment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Annually											
EFT Debit Starts On:						EFT Debit Ends On:					
Bank Account Holder(s) details											
Name Of Bank Account Holder(s)											
Bank Account Number:						Telephone Number:					
Bank Name:						E-mail:					
Branch Name:						Relationship with Policy Owner: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Others (specify) _____					
Account Holder's Mailing Address:											
I/WE hereby authorized Delta Life Insurance Company Ltd. to initiate Electronic Fund transfer (EFT) Debit transactions to collect premium of above mentioned insurance policy. I am/We are fully aware that these EFT transactions will be posted to the bank account mentioned in this form. I/We confirm having read and agreed to the terms and conditions. I/We authorize the Bank as mentioned above to provide the information in section 2 of this form to Delta Life Insurance Company Ltd.											
<input type="checkbox"/> Yes, I/We have attached photocopy or cancelled cheque leaf						X _____					
[This form cannot be processed without Signature(s) of the Account Holder(s)]											

**Section 2: To be filled by Bank**

Bank Name:											
Branch Name:						Routing Number:					
Branch Mailing Address:									Telephone Number:		
We confirm information of the Account Holder(s) mentioned above and also confirm that, the bank account number provided above is correct and is maintained with our bank.											
X <span style="border: 1px solid black; padding: 2px;">Bank's Seal</span>						X _____					
[This form cannot be processed without Bank's Seal and Signature of the Authorized Bank Official]											
Name of the Authorized Person of the Bank:											
Mobile Number:						Date:					

**Policy Holder copy**

**Section 3: To be filled by (Delta Life) Office**

Sequence Number:															
Received by :				Signature & Seal :				Office Round Seal :				Date:			