



DIRECT DEBIT AUTHORITY

Originator Code: - 0120 PIONEER ASSURANCE COMPANY LIMITED DDA Ref No: Bank Name: KENYA COMMERCIAL BANK Branch: MOI AVENUE BRANCH Account No. to be Credited <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>1</td><td>5</td><td>6</td><td>9</td><td>1</td><td>3</td><td>5</td><td>5</td><td>1</td> </tr> </table>	1	1	5	6	9	1	3	5	5	1	Paying Bank : _____ Branch : _____ Type of Account Saving / Current Other _____ Account No. to be debited : <table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
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Policy Holder Bank Code (official use only)																															
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I/We hereby request, instruct and authorize you to draw against my / our bank account with the above-mentioned bank I 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 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However, I/We understand and agree that I/we shall not be entitled to any refund of amounts which you may have already withdrawn while this authority was in force if such amounts were legally owing to you.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 confirm having read and understood the above terms and conditions of direct debit transfer and agree to be bound by the same.

Payers Details Name : _____ ID No : _____ Policy No : _____ <i>(Head office use only)</i> Address : _____ Contact Phone : _____ New Amendment	Maximum amount to be debited Kshs _____ Maximum Amount In words _____ Debit Date: <input checked="" type="checkbox"/> tick on the appropriate box <table border="1" style="width:100%; text-align: center;"> <tr> <td>01st</td><td></td><td>08th</td><td></td><td>15th</td><td></td><td>27th</td><td></td> </tr> </table> Starting Month/Year _____ Monthly / Quarterly / Half Yearly / Yearly _____ Authorized Signature (s) as per bank account	01st		08th		15th		27th	
01st		08th		15th		27th			

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