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NACH / ECS / AUTO DEBIT MANDATE INSTRUCTION FORM			
UMRN Date			
Sponsor Bank Code U T I B 0 0 0 0 2 4 8 Utility Code U T I B 0 0 2 9 1 0 0 0 0 1 2 4 8 4			
INSURANCE I/We hereby		to debit (tick) SB CA	CC SB-NRE SB-NRO other
Tick (✓) Bank A/C Nu			
MODIFY X With Bank CANCEL X	IFSC	or MIC	R
an amount of Rupees		₹	
FREQUENCY X Monthly X Quarterly X Half Yearly X Yearly As & when presented DEBIT TYPE: X Fixed Amount Amount			
Reference 1		Phone No.	
Reference 2 D O N O T F	I L L	E-mail 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 Sign	ınature		
To XXXXXXXX		<u> </u>	
or Until Cancelled Na		2	. 3
This is to confirm that the declaration has been carefully read I have understood that I am authorized to cancel/amend this			
Note:-In addition to policy premium, custome	r is advised to add 10% in he man	date amount to keep provision for future	e increase in statutory tax.
Yes , I have attached blank cancelled cheque leaf with pre-printed name.			
The premium will be debited on due date or within next 4 days. However, the customer who opted for monthly mode payment can opt for 4th or 8th as draw			
date if it falls within 15 days of the due date.			
Draw date option for monthly mode policies 4th 8th			
In case of Current Account affix Proprietor Firm/Company Stamp on Mandate			
Relationship of Account Holder with life insured Self Spouse Parent/Child			
In case of Joint Account Tick (~) any one Jointly Owned Either or Survivor			
Document attached Cancel Cheque Bank Passbook Bank Statement Finacle Copy			
Declaration by Policy Owner			
I/We clarify that the particulars furnished herein are correct and complete and to the best of my knowledge.			
This is to inform that I/we have registered for RBI's Electronic Clearing Service/NACH/Direct Debit Instruction for premium payment to Max Life Insurance, to be made from my/our above mentioned bank account with your bank. Also I/we understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of 15 days and with the consent of Max Life insurance Co. Ltd. for the payment of due premiums. I/We will ensure sufficient balance in the funding account on the date of execution. In case, NACH/ECS/Direct Debit instruction is unsuccessful due to financial reasons, the NACH/ECS/Direct Debit instruction will be presented again for clearance. I/We will bear the bounce charges for transactions that have been unsuccessful due to financial reasons. I/We agree in case NACH/ECS/DD facility is withdrawn by the Company any time, subsequent due premiums would be paid through other modes as stipulated by the Company. In case of subsequent bounce with financial reasons, your policy premium payment method will be changed to cheque/cash. ECS would not apply for all such plans where the premium amount/top-up would increase as per the feature. ECS registration is subject to policy issuance.			
Proprietorship stamp require if Current Account	Signature of Policyholder (As on policy application)	Signature of Account Holder (As per bank records)	Signature of Joint Account Holder (As per bank records)
Certificate of the Bank named in the mandate:- Certified that the particulars of the mandate above are correct and the Signature of the bank account holder is true as per our records.			
Bank's stamp:- Signature of Authorised official of the bank			