NACH / ECS / AUTO DEBIT MANDATE INSTRUCTION FORM	
MAX	
Date	
100 bereity systhesize May Life Insurance Co. Ltd. to debit (tiek t) SP CA CC SP NDF SP NDO letter	
Tick ( >)  Bank A/C Number  Bank A/C Number	
CREATE V	
MODIFY X         With Bank         IFSC	
an amount of Rupees₹	
FREQUENCY X Monthly X Quarterly X Half Yearly X Yearly As & when presented DEBIT TYPE: X Fixed Amount Maximum Amount	
Reference 1 Phone No.	
Reference 2         D         O         N         O         T         F         I         L         L	
*"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 Signature	
To XXXXXXXX	
or Until Cancelled Name 1 2 3	
<ul> <li>This is to confirm that the declaration has been carefully read, understood &amp; made by me/us, I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me.</li> <li>I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have authorized the debit.</li> </ul>	_
Note:-In addition to policy premium, customer is advised to add 10% in he mandate amount to keep provision for future 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 c	Iraw
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 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 Also I/we understand that the above instruction can be withdrawn/cancelled after due intimately giving an advance notice of 15 days and with the consent of Max Life insurance Co. Ltd.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 balating 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 Designation will be presented again for clearance. I/We will bear the bounce charges for transactions that have been unsuccessful due to financial reasons. In 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 Company. In case of subsequent bounce with financial reasons, your policy premium payment method will be changed to cheque/cash. ECS would not apply all such plans where the premium amount/top-up would increase as per the feature. ECS registration is subject to policy issuance.	ition ince ebit /We the
Proprietorship stamp require Signature of Policyholder if Current Account (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 holderue as per our records.	er is
Bank's stamp:- Signature of Authorised official of the bank	

