



DIRECT DEBIT AUTHORITY

Date _____

Prudential Assurance Uganda Ltd A/C Number

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From (Name of Debtor/Customer) _____
Telephone Number: _____
E-Mail: _____

TO **Manager ,
Diamond Trust Bank,
Diamond Trust Building , Kampala Road**

Dear Sir/Madam,

POLICY NUMBER: _____

The details of my/our bank account are as follows: -
BANK: **DIAMOND TRUST BANK**

BRANCH (NAME AND TOWN) _____

ACCOUNT NUMBER *(all boxes must be filled)*

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I / We hereby request, instruct and authorise you to draw against my / our account with the above-mentioned bank (or any other bank or branch to which I / we may transfer my / our account) the sum of _____ and amount in words _____ *(the amount necessary for payment of the periodic instalment / premium due in respect of the above-mentioned insurance policy held with Prudential Assurance Uganda Limited (Company) on the _____ day of each and every monthly quarterly yearly half yearly commencing on ____/____/____ and continuing until ____/____/____. All such withdrawals from my / our account by you shall be treated as though they have been signed and authorised by me / us personally. The amounts are variable and may be debited on various dates. I / We understand that you may change the amount and dates only after giving me / us prior notice.*

I / We understand that the withdrawals hereby authorised will be processed by Direct Debit Transfer, and I / we also understand that details of each withdrawal will be printed on my bank statement or and accompanying voucher.

I / We agree to pay transaction bank charges in relation to unpaid direct debit transfer of UGX 20,000 or such amount that may be charged by the bank relating to this authority.

This Authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post, or delivered to the offices of the above-mentioned Company and the bank, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 which breaches the terms of this Authority, you will make a refund upon demand.

Signed at _____ on this _____ day of _____ 20 _____

SIGNATURE AS USED FOR SIGNING CHEQUES

Confirm Bank Details and Signature: _____ Approved by: _____