



DIRECT DEBIT AUTHORITY

Date _____

From (Name of Debtor/Customer) _____

Telephone Number: _____

E-Mail: _____

TO **The Manager, KCB BANK (U) Ltd
Commercial Plaza, Plot 7 Kampala Road
P.O.Box 7399, Kampala**

Dear Sir/Madam,

POLICY NUMBER: _____

The details of my/our bank account are as follows: -

BANK: **KCB**

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 monthly 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 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 of Ugx 5,000 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 / Association, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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: _____
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