



DIRECT DEBIT AUTHORITY

From (Name of Debtor/Customer) \_\_\_\_\_
Telephone Number: \_\_\_\_\_
E-Mail: \_\_\_\_\_
P.O.Box: \_\_\_\_\_
Date \_\_\_\_\_

TO PRUDENTIAL ASSURANCE UGANDA LIMITED
ZEBRA PLAZA, PLOT 23 KAMPALA ROAD,
P.O BOX 2660, KAMPALA, UGANDA

Dear Sir/Madam,

POLICY NUMBER: \_\_\_\_\_

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

BANK \_\_\_\_\_
BRANCH (NAME AND TOWN) \_\_\_\_\_
ACCOUNT NUMBER

Table with 12 empty cells for account number digits

TYPE OF ACCOUNT CURRENT / SAVINGS (Delete Where Not Applicable)

I / We hereby request, instruct and authorise you to draw against my / our account with the abovementioned 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 abovementioned insurance policy held with Prudential Assurance Uganda Limited (Company) on the \_\_\_\_\_ day of each and every month 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 of Ugx 2,000 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/ Association, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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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Date and Stamp:

