



**DIRECT DEBIT AUTHORITY**

Prudential Assurance Uganda Limited  
P.O. Box 2660 Kampala. Tel +256-414-231-578

**HOUSING FINANCE BANK UGANDA - DIRECT DEBIT MANDATE FORM**

To the Branch Operations Manager,  
HOUSING FINANCE BANK UGANDA  
  
P.O. Box 1539  
  
Kampala - Uganda

Name of customer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

1	1	0	0	1	2	4	3	9	3
---	---	---	---	---	---	---	---	---	---

The details of my/our bank accounts are as follows;

BANK: HOUSING FINANCE BANK. BRANCH: \_\_\_\_\_

ACCOUNT NO: 

--	--	--	--	--	--	--	--	--	--

Dear Sir/Madam,

SERVICE CONTRACT NO (POLICY NO): \_\_\_\_\_

I/We hereby request, instruct and authorize you to draw against my/our account with the above-mentioned bank or branch the sum of UGX \_\_\_\_\_

Amount in words: \_\_\_\_\_

“the amount necessary for payment of the installment / premium due in respect of the above-mentioned agreement /insurance” on the \_\_\_\_ day of each and every period selected (month, quarter, semi-annually or annually) commencing on the \_\_\_\_\_ 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 will be fixed and may be debited on specific dates, provided there are sufficient funds in my/our account. I/We understand that you may change the maximum amount and dates only after giving me/us notice in writing.

I/We understand that the withdrawals hereby authorized will be processed by direct debit transfers, and I/we also understand that details of each withdrawal will be printed on my bank statement and/or accompanying voucher.

I/ We agree to pay any bank charges relating to this direct debit authority, including any charges amounting to UGX 20,000 resulting from there being insufficient funds in my/our account.

Receipt of this authority by you shall be regarded as receipt thereof by our/my bank.

This authority may be canceled by me/us by giving you thirty days’ notice in writing, sent by prepaid registered post, or delivered to the offices of Prudential Assurance Uganda Limited, but I/we understand that I/we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.

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. Any disputes between me/us and Prudential Assurance Uganda Limited shall be settled independently of and without recourse to the Bank.

Signed at (time) \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ (month) 20 \_\_\_\_

\_\_\_\_\_  
SIGNATURE AS USED FOR SIGNING CHEQUES

<p><b>For Bank Use Only</b></p> <p>Confirm bank details and signature _____ Approved by: _____</p> <p style="text-align: right;">Date/Stamp: _____</p>
--