

Insurance Services Premium Payment Centre

Authorization to debit Bank Account for consecutive payments

Name and complete
address of our
Assured ▶▶

Telephone number of cardholder
eMail address of cardholder

Please provide

Your Bank Name ▶

Your Bank Address ▶

Your bank account # ▶

VOID bank cheque must be attached

I hereby authorize you to charge my bank account for the installment amount due in USD. I agree if any transaction is denied, dishonoured, returned, charged back, unpaid or underpaid any insurance financed or balance managed by you may be cancelled at your sole discretion for non-payment of premium.

I further agree any earned premium, bank, legal or other recovery charges are due if the insurance remains in force or is cancelled for whatever reason.

This authorization may be cancelled or changed by me in writing at anytime providing you acknowledge the cancellation or changes in writing.

I understand if my banker does not authorize this transaction for any reason I/we may have no insurance and any coverage I/we may have had may be cancelled ab initio. I understand and agree no coverage is in force until confirmed in writing by the Insurer.

SIGN HERE ▶

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