GUARDIAN LIFE OF THE CARIBBEAN LIMITED

Looking After Life since 1847
A Member of the Guardian Holdings Group

Payor's Client Number										

DIRECT DEBIT AUTHORIZATION FORM

BANK _____

BRANCH _____ *(Please print Branch where your account is maintained)*

Account Type *(Please tick one):* **Chequing** ☐ **Savings** ☐ **Account Number** _____

NAME: _____
(Please print name(s) as it appears in the Bank records)

E-mail: ……

Contact No. :……

Do you have any existing Premium Payment facilities in favour of Guardian Life that you wish to cancel?
(Please tick one): **Yes** ☐ **No** ☐ ***(If Yes, please complete attached STOP PAYMENT AUTHORIZATION)***

"I acknowledge that for all new application(s) listed below, premium payment for Direct Debit is automatically altered in accordance with premium(s) as contained in the corresponding contract(s)."

DETAILS OF POLICY (IES)			
Policy Number (s)	**Name (s) of Person(s) Insured**	**Premium Amount**	**Loan Repayment**

Commencement Date: _____ ***(Day/Month/Year)*** **Total** **$**_____

Draw Date: _____ *(Draw dates are only between the **1st and 28th**)*

Redraw Option: If a payment is returned NSF ("Not Sufficient Funds") and this option is chosen, the payment is reversed and drawn again in accordance with the number of days indicated. Failure after the third draw results in automatic cancellation of the Direct Debit agreement.

Redraw Option ***(Please tick one):*** Yes ☐ No ☐

Number of Days after reversal: _____ ***(Maximum of 10 business days)***

Draw Frequency
(Please tick one)

Monthly ☐
Quarterly ☐
Semi-Annually ☐
Annually ☐

Signature (1) ……..

Signature (2) …….. Dated _____ ***(Day/Month/Year)***

Place Company Stamp here

The necessary number of person(s) authorized on the nominated bank account above must sign this form. For Incorporated or Partnership accounts the Company's Stamp is also required.

For Official Use Only

BANK ROUTING NUMBER	
AGENT NAME	
AGENT NUMBER	

Print Form