AUTHORISATION FOR PAYMENT THROUGH DEBIT CARD
(Applicable only for One Time Payment)

ICICI PRUDENTIAL LIFE INSURANCE

Declaration

- I hereby agree to make payments of premiums to, and authorize ICICI Prudential Life Insurance Company ("the Company") to submit this authorization to debit my bank account with the amount of the premium as would be applicable for the insurance plan.
- I understand and agree that the risk under the insurance plan (if issued) and the policy will be assumed by the Company only after my bank account is debited with the amount of the premium and not earlier. I understand and agree that non-receipt in case of the first premium payable under the policy premiums shall result into non issuance of the Policy.
- I hereby agree and confirm that the Debit Card issuing bank is not acting as an agent of the Company or myself in accepting the debit to my bank account with the premium amount(s), or otherwise dealing with the premium amount(s) payable under the policy, in any manner.

Name of Proposer Mr./Ms./Mrs. First Name Surname

Contact Nos. STD Residence STD Office Ext. ISD Mobile

E-Mail ID

Policy Number(s)	Amount	Policy Number(s)	Amount
1.		3.	
2.		4.	

Card Issuing Bank

Debit Card Number **Card Expiry Date** M M Y Y Y Y

Bank Account Number

Name of Debit Card Owner Mr./Ms./Mrs. First Name Surname

STAMP & TIME

Signature of Policy Holder

Note:

1. Please enclose a photocopy of the front side of your debit card.
2. We accept only VISA & MASTER CARD.
3. The premium due will be collected on the respective due date.
4. The company reserves the right to make all payouts to the customer by way of reversing the collection transaction to the debit card account or making a separate payment and shall not be held responsible for any losses caused due to the same.

Applicable for One Time Payment

Swipe Amount :

(To be filled in by Branch personnel)

Applicable only for the Debit Card.
The swipe amount is valid only for this current payment.

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ACKNOWLEDGEMENT SLIP

This is to acknowledge the authorisation for payment through Debit Card (Applicable only for One Time Payment)

Policy Number(s)	Amount	Policy Number(s)	Amount
1.		3.	
2.		4.	

Card Issuing Bank

Debit Card No.

Card Expiry Date M M Y Y Y Y

Bank Account No

STAMP & TIME

Swipe Amount (Rs) _____ **Swipe Amount (In Words)** _____

Please Note:

- This is to acknowledge that you have opted for premium payment for the above mentioned policy/proposal through the debit card (card details mentioned above).
- Amount would be applied to the policy/proposal subject to realization of the same by ICICI Prudential Life Insurance Company
- If the request / instruction is received after the cut-off time, then NAV of the next date or the due date, whichever is later, shall be applicable.
- In case, the proposer/policy holder opts for premium payment through debit card, the payment must be made only through debit card issued on the name of such proposer/policyholder.