

# ELECTRONIC CLEARING SERVICE (ECS)/ DIRECT DEBIT APPLICATION FORM



Instructions for premium payment through:  ECS  Direct Debit

Branch Code: \_\_\_\_\_

To The Branch Manager,

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Application No.	Policy No.	Frequency	Amount (Rs.)*	Start Date	End Date	Preference Date

Preference date can be within 13 days from the date of application login / due date.

Ref: Authorisation to pay insurance premium and / or receive credit for Company initiated payouts through Electronic / Direct Debit crediting service.

I hereby instruct the bank to debit my account and pay to ICICI Prudential Life Insurance Co. Ltd. as per the demand sent by ICICI Prudential Life Insurance Co. Ltd.

Name of Account Holder \_\_\_\_\_

(as mentioned in Bank Account)

Contact Nos.: \_\_\_\_\_

STD \_\_\_\_\_ Residence \_\_\_\_\_ STD \_\_\_\_\_ Office \_\_\_\_\_ Ext. \_\_\_\_\_ ISD \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail ID: \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Name & Address \_\_\_\_\_

CBS Account No. \_\_\_\_\_ IFSC Code: \_\_\_\_\_ (Mandatory only in case of payout.)

MICR Code: \_\_\_\_\_ 9 digit code as appearing on the Cheque copy issued by bank. Please attach a copy of cancelled Cheque for verifying MICR code.

Account Type:  Current Account  Saving Account  Cash Credit Account In case of Current A/c please affix Proprietary Firm / Company stamp on the mandate.

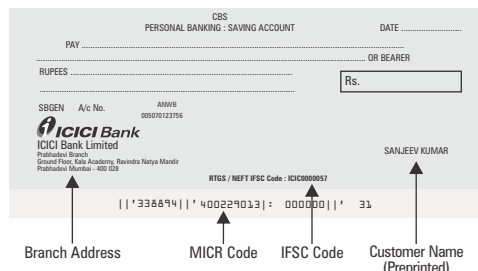
Yes, I have attached a blank cancelled cheque/ Photocopy of the same

Certified that the particulars furnished above are correct and as per our records. All credits/ refunds will be directed to the above mentioned bank account

BANK STAMP

Signature of Authorised Bank Official

Date | D | D | M | M | Y | Y | Y | Y |



The ECS/ Direct Debit request will get rejected if:

1. The above account details do not tally with your bank records
2. A cancelled/ photocopied cheque is not attached

### We have tie ups with the following banks for Direct Debit:

Axis Bank	Allahabad Bank	Bank of Baroda	Bank of India	Capital Local Area Bank	Citibank
Corporation Bank	Federal Bank	HDFC Bank	ICICI Bank	IndusInd Bank	IDBI Bank
Jammu & Kashmir Bank	Kotak Mahindra Bank	Karnataka Bank	Punjab National Bank	State Bank of India	State Bank of Indore
State Bank of Patiala	South Indian Bank	Union Bank of India	United Bank of India	UCO Bank	

### DECLARATION:

- I wish to avail of the Direct Debit facility and hereby express my unconditional consent to debit premium of my policy referred to above through participation in Electronic Clearing System (ECS)/ Direct Debit. I understand and agree that premium amount to be debited from my account may vary due to taxes and other statutory levies as may be applicable from time to time.
- I hereby declare that the particulars given are true, correct and complete. I understand and accept that the transaction will be effected on the policy on the due date (provided the day is working day). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold the user institution (Company) responsible. I agree to discharge the responsibility expected of me as a participant under the scheme. I take full responsibility of genuineness and correctness of the details filled herein.
- I authorize the above mentioned bank to debit my bank account if my ECS mandate is active and until I give a written request for cancellation of ECS/ Direct Debit.
- I hereby authorize ICICI Prudential Life Insurance Company Ltd., to enable the ECS/ Direct Debit facility for my premium payments and in the instance of Direct Debit / ECS debit dishonor to re-debit my account with the mentioned bank to recover the premium payable.
- In the future, if I opt out of ECS/ Direct Debit mode there may be increase in premium amount
- I hereby authorize to recover ₹ 150/- per transaction, if the payment is not honored on the due date of premium as per ECS mandate given.
- I understand and agree that the submission of this form does not mean that the request will be processed. I understand that any payout under the policy shall be strictly in accordance with the policy terms and conditions. Also any payment shall be subject to realisation of the last renewal premium payment.
- I also understand and agree that the Company reserves the right to use any alternative payout option.

### IN CASE OF POLICY REVIVAL:

- I wish to revive all my policies mentioned above which are not in force stage.
- I authorize the Company to deduct all outstanding premiums along with interest (in case of non Unit Linked products) for the purpose of revival. I am aware that in case of Linked products the Company will deduct the Mortality and other charges for the period while the policy was in lapsed stage.
- I understand that by only paying the outstanding premiums along with interest the policy will not be revived. I undertake to comply with all the formalities related to revival as may be prescribed by the Company. The revival will take effect only on it being specifically communicated by the Company to me.
- I understand that the Company reserves the right to refuse the revival of the policy. In the event the policy is not revived due to any reason whatsoever, the Company shall refund the amount collected for the purpose of revival without any interest.

Primary Account Holder's Signature

(If Primary Account holder differs from policy holder)

Policy Holder's Signature

Joint Account Holder's

Signature 1

Joint Account Holder's

Signature 2

### For Office Use Only:

Spaarc Call ID \_\_\_\_\_

Date | D | D | M | M | Y | Y | Y | Y |

Scanning Cabinet \_\_\_\_\_

Received By \_\_\_\_\_

Remarks \_\_\_\_\_

STAMP  
&  
TIME

### Acknowledgment Slip:

Received By \_\_\_\_\_

Date | D | D | M | M | Y | Y | Y | Y |

Policy Number(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application received for premium collection and / or electronic payout mode through:  ECS  Direct Debit

Note:

- This mandate will be applicable for revival of the policy/ policies mentioned above.
- Request for cancellation of ECS/ Direct Debit facility has to be provided 15 days prior to the due date or the same would be effective from the next premium due date.
- Requests for payment mode change to ECS/ Direct Debit has to be provided 30 days prior to the due date or the same would be effective from the next due date.
- Data provided by the customer in the cancelled cheque and the proposal form may be used by the Company to complete the ECS Mandate in case required information has not been filled.
- Please save this acknowledgment till the transaction is complete.
- The application will be effected on receipt of this form at an ICICI Prudential authorized centre, subject to terms and conditions mentioned in the policy document.
- In future, if customer opts out of ECS/ Direct Debit mode there may be increase in premium amount.
- ₹ 150/- per transaction will be recovered if the payment is dishonoured on due date of premium as per ECS mandate given.
- For ULIP policies, the NAV applicable will be of the premium due date or premium received date, whichever is later.

STAMP  
&  
TIME