



DIRECT DERIT AUTHORITY

DIRECT DEBIT AU	JITOKII I
PIONEER ASSURANCE COMPANY LIMITED	ying Bank :
DDA Ref No:	anch :
Bank Name: BARCLAYS Bank Kenya Ltd	rpe of Account Saving /Current
Branch: QUEENSWAY	ther
Account No. to be Credited	count No. to be debited :
	Policy Holder Bank Code(official use only)
I/We hereby request, instruct and authorize you to draw against my / our bank account with the above-mentioned bank I or any other branch of that bank to which I/we may transfer my / our account. I/We understand that the withdrawals hereby authorized will be affected by direct debit transfers and you shall be entitled to treat all such withdrawals as though they have been signed by me/us personally.	
I/We agree that you shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.	
I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, you shall be entitled, at your discretion, not to effect any such transfer in which event you may make the usual service charge to be paid by me/us.	
This Authority shall be effective until further notice. I/We agree that any notice of cancellation or variation of this Authority which I/we may give you shall be given at least 30 working days prior to the date on which such cancellation/variation is to take effect and at the same time, such notice shall be given to the beneficiary. However, I/We understand and agree that I/we shall not be entitled to any refund of amounts which you may have already withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this Authority by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).	
I/We understand that if any Direct Debit Transfer is paid in breach of the terms of this Authority, you shall make a refund upon demand.	
I/We confirm having read and understood the above terms and conditions of direct debit transfer and agree to be bound by the same.	
Payers Details	Maximum amount to be debited Kshs
Name :	Maximum Amount In words
ID No :	_
Policy No :(Head office use only)	Debit Date: √ <i>tick on the appropriate box</i> 01st 08th 15th 27th
Address :	Starting Month/Year
Contact Phone :	Monthly /Quarterly / Half Yearly /Yearly
New Amendment	
	Authorized Signature (s) as per bank account