Pay Your Premium Using SMS Anytime-Anywhere

Standing Instruction For Paying Premium Payment

Form A (To be returned to the company)

To,
Max New York Life Insurance Company Ltd.
Policy Owner Service
90 A, Sector 18, Udyog Vihar, Gurgaon-122001
Dear Sir,
Re: Authorizations to pay Insurance Premium amount through electronic debit clearing system.
I/we the undersigned hold a valid Policy/Submitted Proposal Bearing No.

I/We, understand and accept that this mandate is for debiting my insurance premium due by Electronic Clearing System herein referred as ECS or through Direct Debit facility herein after referred as DD.
I/We certified that the particulars furnished herein are correct and complete as per our records and undertake to keep sufficient funds in the funding account one day before the due date of the premium.
I/We, hereby submit the mandate to debit my/our account towards premium against the above policy on their due dates and wish to avail of the DD/ECS facility and hereby express my/our unconditional consent to debit payment of the amount of the premium of my / our policy referred to above through participation in the DD/ECS on the National Clearing Cell of the Reserve Bank of India/any other stipulated bank.
I/We also unconditionally and irrevocably authorize Max New York Life Insurance Company to raise debit for such regular premium payments.
I/We, agree to inform my bankers about this authorization. Also, I/We understand that the above instruction can be withdrawn/cancelled after due intimation by giving an advance notice of three months and with the written consent of the Max New York Life Insurance Company for the payment of premium due.
I/We, agree ECS/DD facility may be withdrawn by the Company at anytime; subsequent due premiums to be made through other modes as stipulated by the company.
I/We, agree & understand that ECS/DD facility is available for Modal Premium and Planned top-up only. Premium for OPPB / unplanned top-up should be paid by mode other than ECS/DD, as stipulated by the Company.
I/We, agree & understand that ECS/DD facility is available only after inforcement of the policy, premium due before inforcement will be paid through other modes as stipulated by Company in this regard.
I/We agree that acceptance of debit will happen through above mentioned mobile number, & in case of change of my mobile number I will intimate Max New York Life Insurance Co. Ltd through a written request to update the new mobile number in their Company records.
I/We agree & understand that M-Commerce facility is only applicable on GSM mobile phones and not on CDMA mobiles.

ECS/DD Start Date: _____End Date: _____

Relationship of A/C holder with Life insured: ☐ Spouse ☐ Parent / Child

Policy Holder's Signature
(In case A/C holder is different from policy Holder) √
Date:

***Mobile No:**

Particulars of Bank Account

a. Name of the Account Holder: _____
(In capital letters only)

b. Bank Name: _____

c. Branch Address: _____

_____

_____

d. 9 digits MICR code number of the bank and branch appearing on the cheque issued by the bank. If it starts from "000", please obtain correct code from your Bank Branch

c. Account Type: (Choose (√) any one) (Savings A/C / Current A/C / Cash Credit)

f. Ledger no./Ledger Folio no.

(If appearing on the cheque book)

g. Account Number:

(As appearing on the chequebook)

☐ Yes, I have attached a blank cancelled cheque
(In case cancelled blank cheques does not bear account holder's name, photocopy of bank statement containing the account details or photocopy of the front page of passbook is required to be attached.)

Bank's Stamp:

Signature of Authorized Official from the bank

☒ E-Mail : _____

Date: A/C Holder's Signature √

Note: ECS/DD is available in select cities. Please contact your customer service centre for the coverage.
Any cancellation,correction,alteration etc should be countersigned by account holder.

(Direct Debit) Form B (To be retained by the bank**)**

The Manager
Bank Name: _____
Branch Address: _____
_____
_____

Dear sir,
I/we the undersigned hold a valid policy/submitted proposal and wish to avail of the Mcommerce offered by Reserve Bank of India/any other stipulated clearing cell towards settlement of my/our Monthly / Quarterly / Half-yearly / Yearly Policy Premiums in favour of Max New York Life Insurance Company Ltd.

Date:

I/We hereby authorize you to debit my/our Account No.

towards my/our premium dues on my/our Max New York Life Insurance Company Policy / Policies.

I/We further request you to inform Max New York Life Insurance Company of any change in the status of my/our account. In case I/We wish to revoke the above authorization for any reasons whatsoever, I/We undertake to inform Max New York Life Insurance Company by giving an advance notice of three months in writing.

√ A/C Holder's Signature