



LifeChoices

**DIRECT DEBIT
AUTHORISATION**

COLONIAL

SECTION 1 CUSTOMER AUTHORITY

I/We _____ (name of account holder)
of Policy Number _____ authorise you _____ (the Company)
to debit payments from my/our account electronically.

I/We understand that the amount of each payment so debited may vary, but that each payment amount will be notified to me/us in advance by the Company.

I/We will notify the Company in writing of any changes to the account information detailed below, and also of my/our intention to terminate this authorisation, which otherwise shall remain valid until further notice. I/We understand that any transactions executed contrary to this instruction will be refunded by the Company.

SECTION 2 DETAILS OF THE ACCOUNT TO BE DEBITED

Financial Institution Name _____

Account Holder(s) Name(s) _____

Account Number _____

Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually Day _____

Premium Amount _____

SECTION 3 DECLARATION

I/We authorize that:

- I/We have fully read this document; understand and comprehend everything within.
- Said Company will debit my/our account in accordance with our agreement.
- The signatures below are mine/ours and that I/we are not signing on behalf of another person (present or not present).
- This authorization will remain with the Company and those details will be passed to my/our bank.

Signature _____ Date _____

Signature _____ Date _____

If a joint account is named above, please provide all signatures.

COLONIAL LIFE ASSURANCE CO. LTD.
Life Assurance & Personal Investments
Jardine House, 33-35 Reid Street, Hamilton HM 12
P.O. Box HM 1559, Hamilton HM FX, Bermuda
tel. (441) 293 5433 fax. (441) 296 4146 www.cgigroup.bm



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