VARIABLE DIRECT DEBIT AUTHORITY FOR INSURANCE PREMIUM FINANCING

FROM:	**TO:**
PAYER'S BANK DETAILS	**ORIGINATOR BANK**
Bank Name :	Name: NCBA Bank Kenya PLC – NCBA Insurance Premium Financing
Branch Name and Town :	Originator Code: **1703**
Account Number :	Originator's Reference No.: _____
Type of Account : Savings/Current	Credit Account : 1003615142

I / We the payer(s) named below hereby request, instruct and authorise you to draw against my / our account with the above-mentioned bank or any other bank or branch to which I / we may transfer my / our account the sums noted below. All such withdrawals from my / our account by you shall be treated as though they have been signed by me / us personally.

The amounts are variable and may be debited on various dates. I / We understand that you may change the amount and dates only after giving me / us prior notice. I / We understand that the withdrawals hereby authorised will be processed by Direct Debit Transfers, and I / we also understand that details of each withdrawal will be printed on my bank statement or and accompanying voucher. I / We agree to pay any bank charges relating to this Authority.

This Authority may be cancelled by me / us by giving you thirty days' notice in writing, sent by prepaid registered post, or delivered to the offices of the above-mentioned bank, but I / we understand that I / we shall not be entitled to any refund of amounts which you have already withdrawn while this Authority was in force if such amounts were legally owing to you.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 which breaches the terms of this Authority, you will make a refund upon demand.

I/We confirm that I/we have read and understood the above terms and conditions and agree to be bound by the same.

Summary of Debits	**Borrower's Details:**
Amount to be debited : _____	Name : _____
Amount in words : _____ _____	Address : _____
Due Date : _____ End Date _____	Tel. Number : _____
Frequency : Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly ☐	ID Type : _____ID Number : _____
Start Month:_____ Year _____	Signature (as used on cheques) : _____ Date: _____

_____ **ASSISTED BY**

_____ **DESIGNATION**