N	ACH Mandate Form
	Means mandatory field (This sample form is only for reference)
(Edelweisslife 1 UMRN UMRN UMRN UMRN Date Date
	zindagi unlimited 3 Tick (3 YESB000001 Utility Code YESB00482000010649
	CREATE I/We hereby authorize 5 Edelweiss Tokio Life Insurance Co. Ltd. to debit (tick V) 5B / CA / CC / SB-NRE / SB-NRO / Other
	MODIFY X CANCEL X Bank a/c number
	* 9 with Bank (Customer's bank name) Name of customers bank FSC I I I OF MICR
Sr. No.	an amount of Rupees
	FREQUENCY
FOR	*16 Policy No.
CTION	17 Reference No.
TRUC	l agree for the debit of Mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.
MANDATE INSTRUCTION FORM	20 PERIOD From Today's date 21 Signature of the account holder To 22 Name of the account holder 22 Name of the account holder NAME of the a
MAN	To A/C holder full name Name of the account holder Name of the account hold
• }	his is to confirm that the declaration has been carefully read, Understood & made by me /us. I am authorizing the User entity/Corporate to debit my account. have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/amendment request to the User entity/corporate or the bank where I have uthorized the debit.

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Edelweiss Tokio zindagi un		3			2 Date
Tick (√) 7	Sponsor Bank Co	de YESB000001	Utility Code	YESB0048	32000010649
CREATE V MODIFY X	5 I/We hereby authorize	Edelweiss Tokio Life Ins	surance Co. Ltd.	to debit (tick √) SB	/ CA / CC / SB-NRE / SB-NRO / Other
	8 Bank a/c number				
9 with Bank	Name of custor	ners bank 10		or MICF	
an amount of	12 Rupees				13 ₹
14 FREQUENCY	Mthly Qtly	H-Yrly Yrly 🖌 As & when	presented DE	BIT TYPE	it - Maximum Amount
16 Policy No.		Phone N			
17 Reference No.		Email I			
20 PERIOD	agree for the debit of Mandate p	rocessing charges by the bank whom	I am authorizing to debit my a	ccount as per latest schedule c	of charges of the bank.
From Toc	lay's date	21 Signature of the acco	unt holder Signature	e of the account holder	Signature of the account holder
		Name of the account	nt holder Name	of the account holder	Name of the account holder

Insist communicating the oscillation/amendment request to the User entity/corporate or the bank where I have authorized the debit.

Acknowledgement Slip						
Received by	Policy no:	Date: D M Y Y Y				
* Edelweiss Tokio zindagi unlimited	Registered & Corporate Office: IRDAI Regn. No.: 147 CIN: U66010MH2009PLC197336 Edelweiss Tokio Life Insurance Company Limited 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070 Toll Free : 1800 212 1212 Fax No.: +91 22 6117 7833 Email: care@edelweisstokio.in www.edelweisstokio.in	Stamp/ Seal of the Branch				

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DECLARATION

I hereby give my express consent to avail the Direct Debit facility for debiting the premium of my policy referred to above through participation in Automated Clearing House (ACH) / 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 understand and accept that the transaction will come into effect on the policy on the due date (provided that the day is working). I authorize the bank to debit my bank account if my ACH / Direct Debit mandate is active until I give a written request for cancellation of ACH / Direct Debit (*Cancellation request to be given 15 days prior to premium due date*). I hereby authorize Edelweiss Tokio Life Insurance Company Limited, to enable the ACH / Direct Debit facility for my premium payments and in the instance of ACH / Direct Debit dishonour, to re-debit my account with the mentioned bank to recover the premium payable. In future, if I opt out of ACH / Direct Debit mode, I have to give my request in writing. I further understand the said detachment may increase the premium amount subject to policy terms and conditions. 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.

NOTE

In case you wish to change the bank or bank account details, the Company would require a new mandate 15 days prior to due date, of the existing ACH / Direct Debit mode NACH submission.

Policyholder to note that their bank may levy one time mandate processing fee as mentioned in the latest schedule published by the bank.

Policyholder also to note that in case of ACH / Direct Debit mandate gets dishonoured due to any reason, no charges are levied by Edelweiss Tokio Life Insurance Company Limited, these charges are levied by banks as per latest bank schedule.

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