

Policy Number **12. PREMIUM PAYMENT MANDATE FORM**

Premium Payer	Surname	
	Other Name(s)	
Premium Details	Premium Amount (GHS)	
Frequency	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/>	
	Semi-annually <input type="checkbox"/> Annually <input type="checkbox"/>	
Payment Method	Direct Debit <input type="checkbox"/> Employer Deduction <input type="checkbox"/> Mobile Money (Auto) <input type="checkbox"/>	
	Cheque Only <input type="checkbox"/> 1st Cheque + Direct Debit <input type="checkbox"/> / Employer Deduction <input type="checkbox"/>	

* If mobile money (Auto) is your preferred payment method please provide your bank account details as a second option in the event that mobile money deduction fails

Mobile Money	Mobile Network	
	Mobile No.	

Bank deduction	Account Name	
	Bank Name	
	Domicile Branch	
	Account Number	

Employer deduction	Name Of Employer	
	Address	
	Region	
	Town	
	Staff/Payroll Number	

Signature

Date

I hereby authorize the payroll officer/ bank to deduct the premium amount as above, and any future increase from my salary, and remit same to Allianz Life Insurance Company until such time that I will notify the payroll officer/ bank to stop.

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