



DIRECT DEBIT FORM

**(Address of your bank)
The Manager**

(Customers Address)

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Dear Sir/Madam,

PREMIUM DEDUCTION AUTHORITY FOR POLICY No.:.....

CLIENT INFORMATION

Full Name:Tel:

Name of Bank:

Branch:

Clients Account Number:

Account Type.....

Effective Date:

Amount (In Words).....

..... (GH¢.....)

Frequency of Deduction: **Monthly**

Declaration by Client

I hereby authorize the deduction of the stated amount from my account in favour of **miLife Insurance Company Ltd.** effective the date stated above until further notice in writing.

Client Signature: Date:

Company Representative: