

## APPLICATION FOR ELECTRONIC CLEARANCE SERVICE (ECS)

(Kindly fill in Block Letters)

Policy Number		Date	
Name of Policy Owner			
Mobile Number		Tel No.	
Email ID			

**Premium Mode (please select):**      Monthly                       Quarterly                       Half-yearly                       Annually

**Premium Amount:**                      Rs.

**ECS start date:**       /   /

**ECS end date:**       /   /

### GENERAL TERMS & CONDITIONS

The Auto premium payment facility is offered by IDBI Federal Life Insurance Co. Ltd. ("the company") under arrangement with Bill Desk service of Indiaideas.com Limited ("the service") and is subject to the following terms & conditions:

- These terms and conditions form an unconditional agreement between the policy holder and the company and/or the service. By exercising the option to avail the facility, the policy holder acknowledges having understood and accepted these terms and conditions.
- By opting for the facility, the Policy holder elects to make the payment of renewal premiums to the company from the designated bank account, through the service or any other payment utility site that the company may tie-up
- ECS option is a mandate to automatically pay your renewal premium by debit to the bank account specified by you on/around due date.
- The policy holder agrees that he/she shall remain liable for all the instructions and transaction that has been processed or are under process through the designated account prior to the date of policy holder obtaining company's acknowledgement to

the said notice.

- The policy holder agrees that the premium notice will not be sent as the amount will be debited to the account
- Notwithstanding what is mentioned herein above, it is understood that the IDBI Bank / Federal Bank is extending the above facility to make it convenient for and facilitate the policyholder to pay the premium and is further acknowledged that the onus and liability to make such payment within the due dates vests solely and absolutely with the policy holder and that in the event of late payment he/she shall be liable for the late payment charges and other consequences as may be enforced by IDBI Federal Life Insurance Co Ltd as per the policy term.
- All ECS Mandate forms should reach head office before 30 days of due date
- All ECS forms must contain one cancelled cheque for proof of account no. and MICR code no.
- A premium paid certificate will be provided on periodic intervals and also on request.

### BANK ACCOUNT DETAILS (Please attach a cancelled cheque/self attested photocopy of a cheque for the mentioned account)

Name of Account holder	
Account Type	<input type="checkbox"/> Saving <input type="checkbox"/> Current (For current account company stamp is mandatory)
Bank A/c Number	
Bank Name	
Bank Branch	
MICR Code	(It is the 9 digit code after the cheque number on your cheque)
Name of Joint account holder/s (If Joint account)	
Relationship to the Policyholder (If payor is other than policyholder/proposer)	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (please specify) _____

### SERVICE ACCEPTANCE

I/We hereby apply for IDBI Federal Life Insurance Co. Ltd. auto premium facility after reading and accepting the terms and conditions mentioned here in. I/We hereby declare that the particulars given in this form are correct and complete.

Signature of Policy Owner

/   /

Place \_\_\_\_\_

Signature of Account Holder

/   /

Place \_\_\_\_\_

Signature of Joint Account Holder

/   /

Place \_\_\_\_\_

**SIGNATURE VERIFICATION REQUEST**

The Branch Manager,

Bank

Branch

Dear Sir,

Subject: Mandate Verification for account number.

This is to inform you that I/We have registered for availing the auto premium payment facility of IDBI Federal Life Insurance Company Limited. Such payment will be made from the above mentioned account and be routed to you directly through the RBI Electronic Clearance Service (ECS). I/We authorize the bank to honour all instructions received from IDBI Federal. I/We authorize the representative of the company to get this mandate verified and registered with you. Mandate verification charges (if any) may be charged to my/our account.

**Signature of Sole Bank account holder**

/ /

**Signature of Joint Bank account holder (if any)**

Place \_\_\_\_\_

**CERTIFICATION BY ACCOUNT HOLDER'S BANK**

We hereby certify that the above account is currently operational and the particulars furnished above are correct as per our records

/ /

Signature of authorised official of the bank  
(Please affix bank stamp)