



MEGHNA LIFE INSURANCE COMPANY LIMITED

Authorization Form for MLICL Premium payment through EFT Debit (pg-1)

Section 1: (To be filled in by Policy Holder)

Policy Details												
Policy Holder Name:												
Policy Number:									-		Premium Amount: Tk.	
Premium payment frequency:	<input type="checkbox"/> Yearly			<input type="checkbox"/> Half-Yearly			<input type="checkbox"/> Quarterly			<input type="checkbox"/> Monthly		
First EFT Payment on:	DD/MM/YYYY						Last EFT Payment on:			DD/MM/YYYY		
Bank Account Details												
Bank Account Holder Name:												
Bank Name:												
Branch Name:							District:					
Bank Account Number:												
Mailing Address:												
Mobile:								Land Phone:		Email:		
Relationship with policyholder:	<input type="checkbox"/> Self			<input type="checkbox"/> Spouse			<input type="checkbox"/> Others (give details)					

I/We authorize Meghna Life Insurance Company Limited to initiate Electronic Funds Transfer (EFT) debit transactions to collect premium of above-mentioned insurance policy. I/We are fully aware that these EFT transactions will be posted to the bank account mentioned in this form. I/We confirm having read and agreed to the terms and conditions overleaf.

☐ Yes, I/We have attached a blank cancelled
Cheque/photocopy of the same

Signature of the Account Holder(s)

(This form cannot be processed without Signature(s) of the Account Holder(s) in both sides the form)

Section 2: (To be filled in by Bank)

Bank Name:												
Branch Name:							Routing Number:					
Mailing Address:							Phone Number:					

I confirm the identity of the above-named Account Holder(s) and also confirm that, the bank account number provided here is correct and is maintained with our bank. Our bank is participating in the Bangladesh Electronic Funds Transfer Network (BEFTN) and agrees to post the debit transactions received from EFT network to the above-mentioned account in accordance with the BEFTN Operating Rules.

Bank's
Stamp

Signature of the Authorized Bank Official

(With SEAL)

(This form cannot be processed without Bank's Stamp and Signature of the Authorized Bank Official)

Section 3: (To be filled in by MLICL)

Sequence Number:		Verified for	
Date:	DD/MM/YY	MLICL by:	



MEGHNA LIFE INSURANCE COMPANY LIMITED

Authorization Form for MLICL Premium payment through EFT Debit (pg-2)

Terms & Conditions for Meghna Life Insurance Co. Ltd. payment through EFT Debit Facility

1. Transactions under this Authorization will be subject to the BEFTN Operating Rules of Bangladesh Bank, as applicable from time to time. The laws of Bangladesh shall govern the following Terms and Conditions.
2. EFT Debit facility for payment of various schemes and EMI of loan facilities can be availed after the application is accepted by Meghna Life Insurance Co. Ltd. and is in force. Payments other than payment of various schemes, loan installments or arrears of various schemes cannot be paid through EFT Debit.
3. This Authorization Form must be sent in original to Meghna Life Insurance Co. Ltd.. Facsimile or photocopies are not acceptable. A cancelled Cheque/attested Photocopy of the cheque should be attached with this Form so that Meghna Life Insurance Co. Ltd. can record the Bank Account details accurately.
4. The Authorization is accepted subject to (a) matching of the bank account details with the bank's records, (b) verification of signature(s) of account holder(s) by the bank, (c) availability of funds in the mentioned account and (d) acceptance of payment by Meghna Life Insurance Co. Ltd., subject to the terms and conditions of the facility.
5. This Authorization Form must reach Meghna Life Insurance Co. Ltd. Head Office at Meghna Life-Karnaphuli Bima Bhaban, 11/B-D, Toyenbee Circular Road, Dhaka 1000 at least thirty (30) days before the date on which it is to be activated. If the payment instruction date falls on a weekend or a Public Holiday, the same may be effective on the next Banking day.
6. This instruction shall remain in full force and effect until otherwise advised in writing by the account holder and such advice should be communicated to Meghna Life Insurance Co. Ltd. and received by Meghna Life Insurance Co. Ltd. at least thirty (30) days before the next payment is due. Any such amendments/cancellations will not release the account holder from the liability to the Bank arising on account of the Bank having executed the instruction before receipt of such amendments/cancellations.
7. Meghna Life Insurance Co. Ltd. Account Holder should ensure that sufficient funds are available in the bank account at the time of debit date and this Authorization is not dishonored. Sometimes it is possible that due to some technical or other reason payment amount is not debited on the debit date and is delayed by few days. Please ensure the availability of funds for at least seven (7) days after debit date to avoid dishonors. Meghna Life Insurance Co. Ltd. will not be responsible for any dishonor raised by the bank and any dispute regarding same should be taken up with the bank only.
8. In case this Authorization is dishonored by the bank, the due date(s) of these dishonored EFT debit must be paid in cash or cheque by the Account Holder. Any issue regarding dishonor of this Authorization is to be taken up with the bank only.
9. Any queries, questions, comments etc. about Meghna Life Insurance Co. Ltd. and payment amount will have to be raised to Meghna Life Insurance Co. Ltd. and payments to the Bank with regard to the settlement of amounts paid in this regard are committed and not deferrable for any reason whatsoever. The transaction appearing on the account statement will be the proof of payment.
10. Under this instruction, the account holder cannot dispute regarding the payment to Meghna Life Insurance Co. Ltd. debited from his/her Bank account. If any excess or less than the correct amount is debited, the client will have to contact Meghna Life Insurance Co. Ltd. for clarification. Any type of refund from Meghna Life Insurance Co. Ltd. on account of this instruction will be settled by Meghna Life Insurance Co. Ltd. to its client.
11. Receipt will be issued by the Meghna Life Insurance Co. Ltd. for EFT Debit payments. An Annual Statement or Certificate of Payment, as applicable may be obtained from the Head office/Branch of Meghna Life Insurance Co. Ltd. from where the account is opened, upon written request of the Account Holder. Such requests should be communicated to Meghna Life Insurance Co. Ltd. at Meghna Life-Karnaphuli Bima Bhaban, 11/B-D, Toyenbee Circular Road, Dhaka 1000, Phone:

I/We confirm having read and agreed to the terms and conditions as mentioned above.

Signature of the Account holder(s)