

# ELECTRONIC CLEARING SERVICE (DEBIT CLEARING)



## The Manager

Bank Name : .....  
 Branch Name : .....  
 Address : .....  
 Telephone Number: .....

Copy to the User Company  
 Name : .....  
 Address : .....  
 Telephone Number: .....

I hereby authorize you to debit my account for making payment to Aviva Life Insurance Company India Limited through ECS (Debit) clearing as per the following details.

- A. MICR - 9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank
- B. Account Type (S.B. Account/Current Account or Cash Credit): .....
- C. Ledger No. / Ledger Folio Number : .....
- D. Account Number :  (As appearing on the cheque book)
- E. Policy Number :
- E. Account holder names (As per bank's record):

Name of the Scheme	Date of effect	Periodicity				Amount of installment/ Amount of bill with upper limit	Number of instalments/ Valid up to
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Yearly		

I understand that the premium mentioned above is subject to the debit of premium till the premium payment term and the amount of premium may change in case of any premium shortfall, any indexation opted by me or any rate up that happens due to underwriting decisions. I, hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby authorise my Bank (as mentioned above) to debit my above mentioned account with the amount of installment and I agree to discharge the responsibility expected of me as a participant under the scheme.

Date

Name of the account holder

Signature of the account holder

Date

Name of the account holder 1

Signature of the account holder 1

Certified that the particulars furnished above are correct as per our records.

Bank's Stamp:

Date

Signature of the authorized official  
from the Bank

### I would like to update my contact details with Aviva

Customer name	Policy/Proposal number	Contact Number (landline & mobile)	Email id

Date:

Signature of account holder. ....

For details on our branch locations, please log on to [www.avivaindia.com](http://www.avivaindia.com) or call us at **18001802266** for a call back.

**List of locations where ECS facility is available\***

City Name	City Name	City Name
Agra	Gorakhpur	Nellore
Ahmedabad	Gulbarga	Panjim
Allahabad	Guwahati	Patna
Amritsar	Gwalior	Pondicherry
Anand	Haldia	Pune
Asansol	Hassan	Raichur
Aurangabad	Hubli	Raipur
Bangalore	Hyderabad	Rajkot
Baroda	Imphal	Ranchi
Belgaum	Indore	Salem
Bhavnagar	Jabalpur	Shillong
Bhilwara	Jaipur	Shimla
Bhopal	Jalandhar	Shimoga
Bhubaneswar	Jammu	Siliguri
Bijapur	Jamnagar	Solapur
Bikaner	Jamshedpur	Surat
Burdwan	Jodhpur	Tirunelveli
Calicut	Kakinada	Tirupati
Chandigarh	Kanpur	Tirupur
Chennai	Kolhapur	Trichur
Cochin	Kolkata	Trichy
Coimbatore	Kota	Trivandrum
Cuttack	Lucknow	Tumkur
Davangere	Ludhiana	Udaipur
Dehradun	Madurai	Udupi
Delhi	Mandya	Varanasi
Dhanbad	Mangalore	Vijayawada (also covers Guntur, Tenali & Mangalagiri)
Durgapur	Mumbai	Vizag
Erode	Mysore	
Gadag	Nagpur	
Gangtok	Nasik	

\*Conditions apply.