

## **CREDIT CARD DIRECT DEBIT AUTHORIZATION FORM**

I authorize Tata AIA Life Insurance Company Limited to debit my credit card account for collection of premiums as detailed below and I understand that the information provided by me may be shared with third parties for compliance with any legal or regulatory requirements.

Sr. No.	Policy No.	Name of Policy Owner		Premium Amount *
My credit card details are as below:				
Name (As on card):				
Initial premium only Initial and Renewal Premium Renewal premium only				
Card Type: VISA MASTER				
Card Number: Expiry date: D D M			D D M M Y Y Y Y	
Issued By: (Name of the issuing bank)				
Please attach photocopy of Credit Card (Front) with this form. Kindly note we accept VISA & MASTER Cards only.				
Please allow us 7 days to process your request. Kindly pay the premium amount by cash/cheque, if due, during this period.				
I agree to the terms & conditions as detailed below and I shall promptly notify any change in the information as provided herein.				
Signature			Signature	
	(As on polic	cy application form)		(As on credit card)
	Name		Relationship	(5 11 11 11 11 11 11 11 11
	(As on cred	ıt card)		(Cardholder with Applicant)
	Date D D M M Y Y	YY	Place	

## Terms & Conditions

- 1. The Tata AIA Life Insurance Company Limited reserves the right to withdraw the said facility without assigning any reason whatsoever and without prior intimation to the policyowner.
- 2. Tata AIA Life Insurance Company Limited shall not be responsible/liable in respect of any dispute between the cardholder/policyowner and the bank in respect of payment of premium.
- 3. In respect of renewal of credit card/activation of new instructions, fresh copies of the front of the credit card duly renewed shall be furnished to the Tata AIA Life Insurance Company Limited. Do not disclose your CVV No.
- 4. In case the transaction is declined, the policyowner is liable to pay the outstanding by cash or cheque, otherwise the policy shall lapse at the expiry of the grace period.
- 5. The credit card used for making the payment should be in the name of the policyholder

## Declarations

- 1. The frequency of premium deduction will be as per the mode elected by me in the application form/subsequent request/s.
- 2. The record of charges in respect of my Life Insurance Premium\* submitted by Tata AIA Life Insurance Company Limited to my credit card account will neither bear my signature nor the imprint of my credit card.
- $3. \ \ These instructions are valid till I issue instructions to the contrary in writing to Tata AIA Life Insurance Company Limited.$
- 4. I agree to any increase in deductions due to change in government regulations/service tax rates/scheduled increase as per product features or change in frequency of premium payment. I also agree and accept that no fresh authorization would be required and taken in such a situation.
- 5. Lagree to my account being debited on or within 7 days from due date.
- 6. I agree to inform Tata AIA Life Insurance Company Limited in writing if the nominated credit card account is cancelled, substituted, renewed lost or stolen. I, therefore, undertake to unconditionally honour and pay without contestation the premium amount on being billed by the aforementioned bank.

\*Service tax is applicable as per governing laws and the same shall be borne by the policyholder. Tata AIA Life Insurance Company Limited reserves the right to recover from the Policyholder, any levies and duties (including service tax), as imposed by the government from time to time.

In respect of premium received up to 3.00 pm by the company, along with a local cheque or demand draft payable par at the place where the premium is received the closing NAV of the day on which premium is received shall be applicable. Kindly note that in case the local cheque or demand draft is submitted through a drop box or any other indirect method, the papplicable NAV is decided based on the day the intimation is received by the insurer. If intimation is received on Saturday, Sunday, Public Holiday or after 3.00pm, NAV for the next working day will be applicable.

## Please mail this form at the below mentioned address:

**Tata AIA Life Insurance Company Limited**, Delphi- B Wing, 2nd Floor, Orchard Avenue, Hiranandani Business Park, Powai, Mumbai 400076. Mail in your queries to **customercare@tataaia.com** or call us on **1-860-266-9966** (local charges apply).

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