



MARITIME CENTRE
29 TENTH AVENUE
BARATARIA

OFFICIAL USE ONLY
 FASS TEAM SERVICE CENTRE
 BARATARIA CHAGUANAS SOUTH
 NORTH WEST NORTH EAST TOBAGO

DIRECT DEBIT AUTHORISATION FORM

From: _____ **Date:** _____

Name: _____
 Print your name(s) as stated on the Bank Account's records:

Address: _____

Telephone No: _____ **E-mail:** _____

To: The Manager, MARITIME LIFE (CARIBBEAN) LIMITED
 FIDELITY FINANCE AND LEASING COMPANY LIMITED

You are hereby authorised to debit my Savings Chequing Account No: _____
 held at RBC RBL FCB SBTT ICB CitiBank _____
 (Branch)
 on a Monthly Quarterly Half-Yearly Yearly basis, commencing on _____
 Day/Month/Year
 and maturing on _____ (for Fidelity's loan accounts only)
 Day/Month/Year

Further, authorization is given to debit said account to bring policy(cies) up to date, in the event of any arrears of payments. YES NO

AMEND/REPLACE FORMER AUTHORITY
 (Please complete [PAYMENT CANCELLATION NOTICE](#) to cancel all other existing premium payment facilities.)

DETAILS OF POLICY(CIES)/ ACCOUNTS			
POLICY/ACCOUNT NO.	NAME OF INSURED/CLIENT(S)	PREMIUM AMOUNT	LOAN REPAYMENT
TOTAL			

- Please note:**
1. For Joint Accounts where more than one signature is required, all signatories must sign.
 2. Company's stamp must be inserted for Corporate Accounts.
 3. In the event of insufficient funds the account will recycle within 10 days.
 4. If the premium changes as per the contract terms or any other agreement, Maritime will amend the debit amount.

*It is understood and agreed that while the Direct Debit Authorisation is in effect neither Notice of Renewal of Premium Due nor Receipts will be provided.

 Client's signature (as shown on Bank's records)

 Financial Advisor's Signature & Number/Witness

 Client's signature (as shown on Bank's records)