



MARITIME CENTRE
29 TENTH AVENUE
BARATARIA

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

PAYMENT CANCELLATION NOTICE

From: _____ **Date:** _____

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

Address: _____

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

To:
The Manager, _____
 (Bank & Branch/ Employer/ MLCL/FFLC)
Account No: _____

With regards to deductions on my behalf, payable to:

- MARITIME LIFE (CARIBBEAN) LIMITED
- FIDELITY FINANCE AND LEASING COMPANY LIMITED

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

- Please cancel all **Standing Order** deductions from my account, with immediate effect.
- Please cancel all **Salary Deductions**, with immediate effect.
- Please return to me all **Post Dated Cheques**, with immediate effect.
- Please cancel all **Direct Debit** deductions from my account, with immediate effect.

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

 Financial Advisor's Signature & Number/Witness

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

- Please note:
- For Joint Accounts where more than one signature is required, all signatories must sign.
 - Company's stamp must be inserted for Corporate Accounts.