

## APPLICATION FOR DIRECT DEBIT

Payer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Dear Sir/Madam,

I/We confirm that I/we wish to use the monthly Direct Debit facility to settle my/our insurance premiums. This letter gives you authority to charge my/our bank account shown below with the total amount of my/our monthly premiums with respect to the Policy Numbers listed below.

### Declarations and Signatures:

Name of Bank: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I/We instruct you to pay Direct Debits at the request of Cayman Islands National Insurance Company Ltd. [CINICO] from the following account number.

Bank Account Number: \_\_\_\_\_

CI\$ Savings  US\$ Savings   
CI\$ Chequing  US\$ Chequing

I/We will advise CINICO in writing if I/we wish to cancel the instructions.

I/We hereby agree and indemnify and relieve the Bank from and against any liability which may be incurred by the Bank. In the event that a dispute arises concerning the correctness of any premiums paid during the course of providing the Direct Debit facility for CINICO unless such liability arises because of losses suffered by me/us as a result of the fraud or willful wrongdoing of the Bank or its employees or agents.

Signature of account holder[s]: \_\_\_\_\_

Print Name[s]: \_\_\_\_\_

Date: \_\_\_\_\_

Note: The Bank reserves the right to refuse to accept Direct Debit authority for any particular customer. The Bank reserves the right to refuse to pay any particular payment request. CINICO reserves the right to cancel Direct Debit arrangements. Failure by the customer to pay CINICO through this Direct Debit facility does not relieve the customer's obligation to pay CINICO.

### **Member(s) Information (mandatory):**

Name of insured member	Policy Number	Telephone Number	Premium amt per member	Effective date (dd/mm/yyyy)

### **Eligible Banks for Direct Debit include:**

1. Bank of Butterfield 2. Cayman National Bank 3. Royal Bank 4. Scotia 5. Fidelity



### **How it works:**

1. You complete an Application for Direct Debit and submit it to CINICO.
2. CINICO will send the form to your bank and will retain a copy for its records.
3. Your Bank will be informed of the amount to be deducted per your instructions on this form. CINICO will request payment of the amount on the **first working day of each month.**
4. All Direct Debit queries will be investigated promptly. Any NSF charges incurred would be the responsibility of the Payor.

### **Easy to arrange. Easy to cancel.**

1. To pay by Direct Debit all you need to do is fill in this application form and return it to CINICO, PO Box 10112, Grand Cayman KY1-1001, CAYMAN ISLANDS, or submit at the CINICO office Unit 5, Cayman Center, Airport Rd. Grand Cayman.
2. You can cancel a Direct Debit at any time. Kindly instruct CINICO in writing in a timely manner.

### **Mandatory Requirement:**

**Please fill in ALL information on the left.**

For more information, please call 949-8101

### **For Official Use:**

Account information checked/verified by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_