



Before submitting this Form, Please ensure that Policy Owner's Mobile No. & Account Holder's E-mail address is updated in our record

American Life Insurance Company
Authorization form for MetLife Premium payment through EFT Debit

Section 1 : To be filled by the Bank Account Holder(s)

Policy Owner Details
Name of the Policy Owner :
Premium Amount: Tk
Premium Payment Frequency: Monthly Quarterly Half-Yearly
EFT Debit Starts On: EFT Debit Ends On:
Bank Account Holder(s) Details
Name(s) of the Bank Account Holder(s):
Bank Account Number:
Bank Name:
Branch Name:
Account Holder's Mailing Address:
Relationship with Policy Owner:
I/We authorize American Life Insurance Company to initiate Electronic Fund Transfer...
[X] Yes, I/We have attached photocopy of a MICR cheque leaf
Signature of the Account holder(s)

Section 2: To be filled by Bank

Bank Name:
Branch Name:
Routing Number :
Branch Mailing Address:
Branch Telephone Number:
We confirm that the Account Holder(s) name and also contact number provided above is correct and is maintained with our bank.
[X] Bank's Seal
Signature of the Authorized Bank Official
Name of the Authorized Person of the Bank:
Mobile number
Date:

Section 3: To be filled by MetLife

Sequence Number:
Verified for MetLife by :
Date:

Terms & Conditions for MetLife Premium payment through EFT Debit

1. Transactions under this Authorization will be subject to the BEFTN Operating Rules of Bangladesh Bank, as applicable from time to time. The laws of Bangladesh shall govern the following Terms and Conditions.
2. EFT Debit facility for MetLife Premium payment can be availed after the policy is accepted and is in force. Payments other than premium or arrears of premiums cannot be paid through EFT Debit.
3. This Authorization Form must be sent in original to MetLife. Facsimile or photocopies are not acceptable. A Photocopy of the MICR cheque should be attached with this Form so that MetLife can record the Bank Account details accurately.
4. The Authorization is accepted subject to (a) matching of the bank account details with the bank's records, (b) verification of signature(s) of accountholder(s) by the bank, (c) availability of funds in the mentioned account and (d) acceptance of payment by MetLife subject to the terms and conditions of the policy.
5. This Authorization Form must reach MetLife Office at MetLife Building, 18-20 Motijheel C/A, Dhaka-1000 at least thirty (30) days before the date on which it is to be activated. If the payment instruction date falls on a Weekend or a Public Holiday, the same may be effective on the next Banking day.
6. This instruction shall remain in full force and effect until otherwise advised in writing by the accountholder and such advice should be communicated to MetLife and received by MetLife at least thirty (30) days before the next payment is due. Any such amendments/cancellations will not release the accountholder from the liability to the Bank arising on account of the Bank having executed the instruction before receipt of such amendments/cancellations.
7. Policy Owner should ensure that sufficient funds are available in the bank account at the time of debit date and this Authorization is not dishonoured. Sometimes it is possible that due to some technical or other reason premium is not debited on the debit date and is delayed by few days. Please ensure the availability of funds for at least seven (7) days after debit date to avoid dishonours. MetLife will not be responsible for any dishonour raised by the bank and any dispute regarding same should be taken up with the bank only.
8. In case this Authorization is dishonoured by the bank, Premium for the due date(s) of these dishonoured EFT debit has to be paid in cash or cheque by the Policy Owner. Any issue regarding dishonour of this Authorization is to be taken up with the bank only.
9. Any queries, questions, comments etc. with regard to MetLife and payment amount will have to be raised to MetLife and payments to the Bank with regard to the settlement of amounts paid in this regard are committed and not deferrable for any reason whatsoever. The transaction appearing on the account statement will be the proof of payment.
10. Under this instruction, the accountholder cannot dispute regarding the payment to MetLife debited from his/her Bank account. If any excess or less than the correct amount is debited, the Policyholder will have to contact MetLife for clarification. Any type of refund from MetLife on account of this instruction will be settled by MetLife to its Policyholder.
11. No premium receipt will be issued by the MetLife for EFT Debit payments. An annual Statement or Certificate of Premium Payment, as applicable may be obtained from MetLife Offices upon written request of the Policy Owner. Please contact MetLife Office at MetLife Building, 18-20 Motijheel C.A, Dhaka-1000 or at Phone no. 9561791, Ext-777, if you need any information of your premium payment.

Without Signature of the Bank Account holder(s) this Form will not be processed

Having read and agreed to the terms and conditions as mentioned above.

Signature of the Account holder(s)

*[This form cannot be processed without Signature(s) of the Account holder(s) in **both** sides of this form]*