



AUTOMATED DIRECT DEBIT AUTHORIZATION

The Undersigned hereby authorize(s) **Sun General Insurance Inc.** to initiate debit entries to transfer funds from my/our account indicated below, held at the depository financial institution named below (“depository”) on a monthly basis as per the (“payment plan”) indicated below. I/We agree that all Automated Direct Debit Transactions authorized herein shall comply with the local laws. This authorization will remain in effect until **Sun General Insurance Inc.** has received all monthly installments as outlined under (“Number of Monthly Installments”). To terminate this Authorization, written notification from me/us must be submitted to **Sun General Insurance Inc.** no less than five (5) business days before the next installment payment is due to be deducted from the account.

Details

Client Name(s): _____ Bank (Depository): _____
Client ID Number(s): _____ Branch: _____
Policy Number: _____ Account No.: _____

Payment Plan

Number of Monthly Installments: _____ () months
First Installment amount: \$ _____
Remaining Installment(s) amount: \$ _____
Date of first deduction: _____ and thereafter on the _____ day of each month.
(DD/MM/YYYY)

Signatures

.....
Customer(s) Signature

.....
Authorised Signature – Sun General Insurance

.....
Date

.....
Date

For official Use Only

Bank Account Verified: Yes No