



AXA MANSARD BONUS LIFE POLICY Direct Debit Authorization
(For the use of GTB Account Holders Only)

To:

The Operations Manager

Guaranty Trust Bank Plc

Branch: _____

Address: _____

Date: _____

Request for a Standing Order

I / We, _____ (a/c holder's name)

Signatory to GTB account number

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do hereby authorize you to debit the above account number with the sum of _____

_____ only (₦) _____) and credit same to Mansard Insurance Plc. Account number:

FOR: AXA MANSARD BONUS LIFE

2	0	5
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1	3	8	0	6	1
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1	1	0
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This should be done on the _____ day of every (a) Month (b) Quarter (c) Half year (d) Year.

Please specify exact months of the year when payment will be made either on quarterly, half yearly or yearly basis: _____,

_____ commencing from _____ (date of first payment) until _____ (date of last payment) or until cancelled by me/us in writing.

Please be sure to insert the following information as part of the reference for the standing instruction (COMPULSORY)

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NAME OF POLICY HOLDER

POLICY NUMBER (IF KNOWN)

TYPE OF POLICY

Thank you for your usual cooperation.

SIGNATURE OF GTB ACCOUNT HOLDER

PHONE NUMBER

This amount is to be premium for my policy as stated below:

FOR OFFICIAL USE ONLY	Name & Signature	
Date Received		
Checked By:		