



**PRE-AUTHORIZED PAYMENT**

Scotiabank Centre, 5<sup>th</sup> Floor, Corner Duke & Port Royal Streets, Kingston, Jamaica W.I.

**TO:** \_\_\_\_\_  
**(Bank & Branch, Address)**

You are hereby authorised and requested to pay and debit to the account of the undersigned mentioned below, whether it continues to be maintained at the branch named above or is from time to time transferred to another branch of the Bank, all payment Orders in the form or substantially in the form illustrated below purporting to be drawn on you on behalf of the undersigned, or of any of the undersigned if more than one, by and made payable to **SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED** and presented to you for payment and to pay and debit to the said account all amounts specified on any electronic, magnetic or computer-produced instruction that is or purports to be a direction on behalf of the undersigned to credit an amount to the said Payee and debit such amount to the said account. The authorisation may be revoked by the undersigned by giving ten days written notice to the branch of the Bank at which the said account is for the time being maintained.

In consideration of your acting as aforesaid, it is agreed that your treatment of each such Payment Order including any variation of the amount specified and your rights with respect to it shall be the same as if it were signed by the undersigned, or by each of the undersigned if more than one, personally and that your rights by reasons of the payment and debit as aforesaid of the amount specified in each such instructions shall be the same as if such amount were specified in a written direction to credit such amount to the said account signed by the undersigned, or by each of the undersigned if more than one personally and that failure to pay such Payment Order or to credit or debit the amount specified on any such instruction shall give rise to no liability on your part even if such failure results in default in the fulfillment of any obligations of the undersigned or a forfeiture of insurance or loss or damage of any kind.

You are authorised to act on any change in the initial Payment Order or of any electronic, magnetic or computer-produced instruction whenever presented to you purporting to be authorised and drawn by the undersigned or any of the undersigned if more than one and made payable to **SCOTIA JAMAICA LIFE INSURANCE COMPANY LIMITED**. You are further authorised to debit to the said account any and all service charges which you make from time to time for performing the above services, and to vary the amount of such service charges in accordance with the bank's scale of fees or policy applicable from time to time.

In the event that there shall be insufficient funds standing to the credit of the said account at the time when any Payment Order or electronic, magnetic or computer-produced instruction is presented to you for payment and debit to the said account you are hereby specifically authorised and instructed to return such electronic, magnetic or computer-produced instruction as dishonoured to the party specified thereon for that purpose notwithstanding or computer-produced instruction as dishonoured to the party specified thereon for that purpose notwithstanding the fact that there may be at that time insufficient funds standing to the credit of any other account or accounts maintained by the undersigned, or any other one of them if more than one, with your bank or any branch thereof.

Any delivery of this authorisation to you will constitute delivery by the undersigned.

Bank Code	Transit No.	Account Type (Savings/Current)	Account No.

Account in name of: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ (dd/mm/yyyy)      Payment Amount: \$ \_\_\_\_\_

Mode of Payment     Monthly       Annual

Policy/Plan Number	Name of Insured / Plan Member	Premium/ Contribution (\$)	Policy Loan (\$)

**N.B.      Where the account is joint, this Authorization must be signed in accordance with the bank mandate.**

Signature of Account Holder: \_\_\_\_\_      Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_      Name of Insurance Advisor/CSA: \_\_\_\_\_