

Eastern Bank Limited

Cash Management Services

Authorization Form for BEFTN Debit



Type of request: ☐ New ☐ Modify ☐ Delete

Section 1: Eastern Bank Limited Client Account Information

Customer Name*: **Alpha Islami Life Insurance PLC**

Customer ID*: **1660761**

Customer Credit Account Number*: **1051220312863**

Section 2: Other Bank Debit Account and Transaction Information (to be filled by the Bank Account Holder)

Debit Account Name*: _____

Debit Account Number*: _____

Bank Name*: _____

Bank Branch Name*: _____

Bank Routing Number*: _____

Branch Mailing Address: _____

Branch Telephone Number: _____

Account Holder's Mailing Address: _____

Account Holder's Mobile/Telephone Number: _____

Policy Number*: _____ Premium Amount*: _____

Date of Effect*: _____ Valid Till*: _____

Payment Frequency: _____ Monthly _____ Quarterly _____ Half-Yearly _____ Annually _____

I/We hereby authorize Eastern Bank Limited's client as mentioned in Section 1 to initiate Electronic Fund Transfer (EFT) debit transactions. I/we hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the Eastern Bank Limited responsible. I/we agreed to the terms and conditions overleaf.

I/We authorize the Bank as mentioned above (Section 2) to provide the information in Section 3 of this form.

Authorized Signatory(s)

Date

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

Section 3: To be filled by other Bank

Bank Name: _____ Branch Name: _____ Routing Number: _____

Branch Mailing Address: _____ and Telephone Number: _____

We confirm information of the Account Holder(s) mentioned above in Section 2 and also confirm that the bank account number provided above is correct and is maintained with our bank.

Signature & Seal of the Authorized Bank Official

Date

(This form cannot be processed without Bank's Signature and Seal of the Authorized Bank Official)

Name of the Authorized Person of the Bank: _____ Mobile Number: _____

***Mandatory Fields**

Terms and Condition for fund transfer through BEFTN Debit

1. Transaction 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. BEFTN Debit facility for fund transfer can be availed after this is accepted and is in force. The Authorization Form must be sent in original to the designated department of Eastern Bank Limited. Facsimile or photocopies are not acceptable.
3. The Authorization is accepted subject to (a) matching of the bank account details with the bank's records, (b) verification of signature(s) of Account Holder(s) by the bank, (c) availability of funds in the mentioned account.
4. This instruction shall remain in full force and effect until otherwise advised in writing by the Account Holder and such advice should be communicated to Eastern Bank Limited and received by Eastern Bank Limited. Any such amendments/cancellations will not release the Account Holder from the liability to the bank arising on account of the bank having executed the instruction before receipt of such amendments/cancellations.
5. Account Holder should ensure that sufficient funds are available in the bank account at the time of debit and this Authorization is not dishonored. Sometimes it is possible that due to some technical or other reason fund 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 dishonors. Eastern Bank Limited will not be responsible for any dishonor raised due to technical or other reason.
6. Any issue regarding dishonor of this Authorization is to be taken up with the bank only.
7. Any queries, questions, comments etc. with regard to the fund transfer amount will have to be raised to the originator and fund transfer 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 fund transfer.
8. Under this instruction the Account Holder cannot dispute regarding the fund transfer to originator debited from the bank account. If any excess or less than the correct amount is debited, the Account Holder will have to contact the originator for clarification. Any type of refund from originator on account of this instruction will be settled by the originator to its Account Holder.
9. No Receipt will be issued by the originator or bank for BEFTN Debit fund transfer. A Statement, as applicable may be obtained from the originator Offices upon written request of the Account Holder. Please contact the originator's following office, if you need any information of your fund transfer.

Address: A.J. Tower (Level-8,9,10 & 11), Plot # 4, Sonargaon Link Road, Kawran Bazar, Dhaka-1215.

Phone : 02 55013304-05, IP - 09612400200, E-mail : info@alphalife.com.bd

I/We confirm having read and agreed to the terms and conditions as mentioned above

Authorized Signatory(s)