

# DIRECT DEBIT MANDATE FORM



## A. Mandate to Diamond Bank Plc

The purpose of this mandate is to

Upon receipt of debit instructions made available to Diamond Bank Plc on the Remita Platform,

I,

hereby authorize you to pay from my account described below, into

Account number  –

Amount in Figures  Amount in Words

Every: Month  Week  Quarter  Six Months  Year

This mandate which commences on  is to continue until   
or when I cancel same in writing

## B. Details of my Bank Account in Diamond Bank

Bank Branch	<input type="text"/>
Account Name	<input type="text"/>
Account Number	<input type="text"/> – <input type="text"/>
Phone Number	<input type="text"/>
E-mail	<input type="text"/>

I hereby undertake to ensure that the account is always funded to cover this transaction

Account Holders Signature  
Signature

Date

Affix  
Passport  
Photograph

Please do not write below this line

## C. Policy Details

Policy Description	<input type="text"/>
Policy Number	<input type="text"/>
CertificateNumber	<input type="text"/>
Agent Code	<input type="text"/>

Industrial and General Insurance (IGI) Plc

Staff Name

Signature

Date