



# DIRECT DEBIT FORM

ACCOUNT HOLDER'S NAME \_\_\_\_\_

ACCOUNT HOLDING BRANCH \_\_\_\_\_

ACCOUNT NUMBER 

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DATE OF FIRST DEDUCTION \_\_\_\_\_ DEDUCTION AMOUNT GH¢ \_\_\_\_\_

AMOUNT IN WORDS \_\_\_\_\_

PRODUCT TYPE: GCB HOMECALL  GCB WEALTH MASTER  GCB CHILD EDUCATION  GCB ULTIMATE PROTECTION

FREQUENCY OF PAYMENT: MONTHLY  QUARTERLY  SEMI ANNUALLY  ANNUALLY

I have made a proposal for the bancassurance product type and authorize that my account be debited with the amount stated above and credited to GCB Bank Ltd. This authorization shall be effective, until a written notice by me to cancel it has been issued and received stating when cancellation shall be effective.

Account Holder's Signature / Thumbprint \_\_\_\_\_ Date \_\_\_\_\_ Tel: \_\_\_\_\_

**ACCOUNT DETAILS CONFIRMED BY:**

\_\_\_\_\_  
Bank Supervisor's Name Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_



Underwritten by:

**StarLife**  
...your solid partner for life