



Authorization form for payment through EFT Debit

Section 1: Details of Bank Account to be Debited

Name of the Bank Account :											
Bank Account Number :											
Bank Name :											
Branch :						Routing Number :					
										Phone :	
Relationship with AFL Account Holder :		<input checked="" type="checkbox"/> Self		<input type="checkbox"/> Spouse				<input type="checkbox"/> Children			
<input type="checkbox"/> Others (Specify) _____											

Details of MDPS/MHDS/MMSS/Mudaraba Mohor Savings Scheme Account with Aviva Finance Ltd.-Islamic Finance Wing

Account name :											
A/C No.										Installment Taka	
Payment Frequency :		<input checked="" type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly				<input type="checkbox"/> Half Yearly		<input type="checkbox"/> Annually	
EFT Debit Starts On:						EFT Debit Ends On:					

I/We hereby authorize Aviva Finance Limited (AFL) to initiate Electronic Fund Transfer (EFT) Debit transactions to collect payment as per the above mentioned frequency and Terms and Conditions of the stated AFL account. I/We am/are fully aware that these EFT transactions will be posted/credited to the DPS account mentioned in this form. I/We am/are also fully aware that to confirm and verify my/our account as mentioned here, wherefrom my/our payments will be collected, I will provide AFL a collection cheque to collect payment from my/our account through clearing, if AFL or its Bank finds necessary. I/We confirm having read and agreed to the Terms and Conditions overleaf.

I/We authorize the Bank as mentioned above to provide the necessary information in connection with EFTN to Aviva Finance Limited, if they need or request.

I/We have attached a cheque of first installment payment.

1) Signature of the MDPS Account holder(s) 2) Signature of the Bank Account holder(s)

Section 2: To be filled in by AFL Authorized Officer

Sequence Number :											
Verified for AFL by :								Date :			

*[This form cannot be processed without Signature(s) of the Account holder(s) in **BOTH** sides of this form]*

Terms & Conditions for Aviva Finance Limited payment through EFT Debit Facility

1. Transactions 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. EFT Debit facility for payment of various schemes and EMI of loan facilities can be availed after the application is accepted by Aviva Finance Limited and is in force.
3. **This Authorization Form must be sent in original to Aviva Finance Limited. Facsimile or photocopies are not acceptable. A cheque of first payment should be given with this Form so that Aviva Finance Limited can collect first payment and record and verify the Bank Account details accurately.**
4. 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 and (d) acceptance of payment by Aviva Finance Limited, subject to the terms and conditions of the facility.
5. This Authorization Form must reach Aviva Head Office at Sara Tower (5th floor), 11/A, Toyenbee Circular Road, Motijheel, Dhaka-1000 at least thirty (30) days before the date on which it is to be activated. If the payment instruction date fall on a Weekend day or a Public Holiday, the same may be effective on the next Banking day.
6. This instruction shall remain in full force and effect until otherwise advised in writing by the Bank Account holder and such advice should be communicated to Aviva Finance Limited and received by Aviva Finance Limited at least thirty (30) days before the next payment is due. 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.
7. Aviva Account Holder should ensure that sufficient funds are available in the bank account at the time of debit date and this Authorization is not dishonored. Sometimes it is possible that due to some technical or other reason payment amount is not debited on the debit date and is delayed by few days. Please ensure the availability of funds for at least two (2) working days before debit date to avoid being dishonored. Aviva Finance Limited will not be responsible for any dishonor raised by the bank and any dispute regarding same should be taken up with the bank only.
8. In case this Authorization is dishonored by the bank, the due date(s) of these dishonored EFT debit must be paid in cash or cheque by the Account Holder. Any issue regarding dishonor of this Authorization is to be taken up with the bank only.
9. Any queries, questions, comments etc. about Aviva Finance Limited and payment amount will have to be raised to Aviva Finance Limited and payments 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 payment.
10. Under this instruction, the account holder cannot dispute regarding the payment to Aviva Finance Limited debited from his/her Bank account. If any excess or less than the correct amount is debited, the client will have to contact Aviva Finance Limited for clarification. Any type of refund from Aviva Finance Limited on account of this instruction will be settled by Aviva Finance Limited to its client.
11. Receipt will be issued by the Aviva Finance Limited for EFT Debit payments, if requested by the client. An Annual Statement or Certificate of Payment, as applicable may be obtained from the Head office/Branch of Aviva Finance Limited from where the account is opened, upon written request of the Account Holder. Such requests should be communicated to Aviva Finance Limited at Sara Tower (5th floor), 11/A, Toyenbee Circular Road, Motijheel, Dhaka-1000, Phone: 02-9563371, 9570509.

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

Signature of the MDPS Account holder(s)

*[This form cannot be processed without Signature(s) of the Account holder(s) in **BOTH** sides of this form]*