

**FIRST CITIZENS BANK**  
**DIRECT DEBIT**

**This order replaces all previous Direct Debits**

**From:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

**To:**

Sagicor Life Inc.  
Sagicor Financial Centre  
16 Queens Park West  
Port of Spain



Wise Financial Thinking for Life

Policy/Mortgage #	Amount:	Policy /Mortgage #	Amount:

You are hereby authorised and requested to debit the account of the undersigned, the amount stated below plus charges incurred in making this service.

**Print name(s) in which account stands in the Bank's records:**

\_\_\_\_\_

**Please indicate Branch of First Citizens Bank where account is maintained:**

\_\_\_\_\_

_____	_____	\$ _____
Type of Account	Account Number	Amount (without charges)

**Commencing on \_\_\_\_\_ and on the \_\_\_\_\_ day of**

**every month / quarter / half-year / year** (delete where not applicable).

\_\_\_\_\_  
Agent's Name  
(in block letters)

\_\_\_\_\_  
Signature  
(as shown in Bank's records)

**Please note:**

- 1. For Joint Accounts where more than one signature is required, all signatories must sign.**
- 2. Company's stamp must be inserted for Corporate Accounts.**
- 3. In the event of insufficient funds the account will recycle for 32 days.**

**Sagicor Life Inc.**  
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Port of Spain  
  
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email: comments@sagicor.com