

Terms & Conditions for Payment through ATM's



Application cum Registration Form for Payment of MetLife Renewal Premium Through Axis Bank ATM's

Application No \_\_\_\_\_

1. The customer undertakes to maintain sufficient balance in his account for payment of bills on the schedule dates.
2. The bank shall not be liable for non-payment due to circumstances beyond the control of the bank including technical problems of connectivity, ATM breakdown, non availability of communication links etc.
3. Accuracy of Information: The user shall be responsible for the correctness of the information supplied to the bank by him for availing the bill payments facility through ATM's for the registered service providers. The bill details presented are on the basis of such information provided of the customer as provided by the service provider and the bank does not guarantee the correctness or genuineness of the data or information contained in the bills.
4. Disclosure of personal Information: The user agrees that Bank or its contractor may hold and process his/her personal information on computer or otherwise in connection with bill payment through ATM's as well as for statistical analysis and credit scoring. The user also agrees that the bank may disclose, in strict confidence to other institutions such personal information as may be reasonably necessary for inclusive of but not limited to the following:
  - In compliance with legal directives
  - Credit Rating
  - Fraud Prevention
  - Change of Term & Conditions. The bank has the absolute discretion to amend or supplementary of the terms at any time and will endeavor but may not necessarily give prior notice to the users.
  - The facility of electronic bill payment shall be automatically withdrawn when the customer closes the related account or on information of the customers death, bankruptcy or legal incapability.
  - The customer may also terminate the service by the written request without closing the account and other related services.
5. For assistance or issues related to banking services through ATM, please mail us at [ibrm@axisbank.com](mailto:ibrm@axisbank.com)"
6. For any service related on premium payment, receipt or policy details, please write to MetLife on [indiaservice@metlife.com](mailto:indiaservice@metlife.com) or call 1800-425-6969 (Toll Free)."

I /We \_\_\_\_\_ the undersigned, hereby apply for registration of payment through the Axis Bank ATM's.

Sr No.	MetLife Policy Number	Name Of The Policy Holder	Premium Amount (Rs)	Mode Of Payment (M/Q/S/A)	Relationship with the cardholder*

- This facility is being made available for policies with monthly, Semi Annual, Quarterly and Annual mode of payment.
- The cardholder can include policies of his /her spouse and dependent children's only.
- I/We have understood the Terms & Conditions governing the payments of Bills, given at the back of the form. I/we accept to bind by the said Terms & Conditions to any changes made therein from time to time by the bank at its sole discretion without any notice to me/us. I/We confirm that I/we are the sole account holder (s) or have the required mandate to operate all the accounts linked to the bill payment and I /We have completed 18 years of age.
- I/We authorize you to link my/our Account number and ATM/Debit Card no. given below for bill payment through ATM's.

Account Number

ATM Debit Card Number (Primary Holder)

Signature Of Primary Holder \_\_\_\_\_

ATM Debit Card Number (Joint Account Holder)

Signature Of Joint Holder \_\_\_\_\_

**FOR BRANCH USE ONLY**

The Above details & Signatures have been verified Branch Stamp \_\_\_\_\_

Signature of the Verifying

Authority \_\_\_\_\_

Branch Name \_\_\_\_\_

Authorized By \_\_\_\_\_

Inputted By \_\_\_\_\_