[On company’s Letterhead]

Date:

**Aetna Insurance Company Limited**

33 Canada Square,

Canary Wharf,

London,

E14 5LB,

United Kingdom

Sub.: Authorization for premium payment

Ref.: [Name of the Applicant]

This is to place on record that [insert the company name] would be paying Aetna Insurance Company Limited from my below mentioned cheque/bank account/credit card(s) - the premium amount(s) due for the Policy Holder [insert complete name of the Policyholder name] bearing the Policy Number. [Insert Policy number/TBA]. The above policyholder is our employee.

I authorize you to accept payment through cheque/bank account/credit card no. \_\_\_\_\_\_\_\_\_\_ in respect of monthly/ annual premium due in respect of the above policy. I understand and agree that any untimely payment of the above premium will result in suspension / cancellation of the above policy. I also understand and agree that under the Company's Anti Money Laundering Policy the Company may require to carry out my due diligence by asking us to submit certain identity documents.

This authorization letter stands valid unless revoked by me or by the Policyholder through a written notification to Aetna Insurance Company Limited.

Thanking You,

Yours faithfully

Authorized Signatory Name & Signature

[Insert complete name of the Company]