



## Online Banking Authorization Form

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New Request

Modified Request

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Vendor Name / Company Name / Client Name

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Company's Contact Person

Email Address

Tel/Cell No.

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Bank Name

Branch/Transit No.

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Account Number

I/We, \_\_\_\_\_(vendors/company's name), of

\_\_\_\_\_ (address) do hereby authorize

RF&G Life Insurance Company Limited of ONE CONEY DRIVE, BELIZE CITY, BELIZE to transfer monies to my/our above mentioned bank account number for payment of invoices.

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Signature

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Date

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In case of an invalid account number provided, RF&G Life Insurance Company Ltd shall not be considered liable.