

IRREVOCABLE LETTER OF AUTHORITY

I Mr./Mrs./ Miss..... a pensioner of UCO Bank hereby irrevocably authorize UCO Bank..... Branch to debit my Saving A/C No..... towards the monthly instalment of loan sanctioned to me under Demand Loan Scheme for retirees for payment of Group Medical Insurance Premium every month till entire loan with interest is fully recovered. In the event of any change in receiving the pension amount or any change in the title of the account to which the pension amount will be credited, I shall inform UCO Bank well in advance.

- In the event of my death during the currency of the loan, my spouse who is eligible to receive family pension shall to repay the balance of the loan amount (In case of Staff pensioner)
- In the event of my death during the currency of the loan, my sons(s)/ daughter(s)/guarantor whose name(s) given above shall repay the balance of the loan amount (in case of Family Pensioner/in absence of spouse).

Yours faithfully.

Date:

Signature of the Pensioner/Family Pensioner)

(Strike out whichever is inapplicable)