



Authorised Financial Services Provider

### Debit Order Authority

If you wish to pay your insurance premiums monthly, please complete this form.

Policy number(s):

Insured Name:

Telephone number(s):

Fax number:

Insured's e-mail Address:

1. The name of your Bank or Building Society.

Name

Branch

2. The code of bank – see top right hand corner of cheque.

3. Account Number

4. Type of account (please tick appropriate box).

Cheque     Transmission     Savings

5. Payers account name

Signature of Payer

.....

6. Date .....  
dd/mm/yyyy

NB: The banking details for the policy number(s) specified in this form will be amended in accordance with this request.