



**DEBIT ORDER**

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

*Please attach a cancelled or used cheque or photocopy of your transmission account book or transmission card.*

**1. The name of your bank of building society**

NAME .....

BRANCH.....

**2. Branch code of bank – see top of right-hand of cheque**

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**3. Account number**

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

Cheque

Savings

**5. Payer's account name**

.....

**Signature of payer** ..... **Date** .....

**For office use only:**

Policy number: .....

Telephone number: (w) ..... (h) .....

Fax number: .....

Email address: .....