

DEBIT ORDER FORM

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 or building society

NAME _____

BRANCH _____

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

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3. Account number

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4. Type of account (please tick appropriate box)

Cheque book

Transmission

Savings

5. Payers account name

Signature of Payer _____ **Date** _____