

Authority to accept Direct Debits

(not to operate as an assignment or agreement)

Please complete shaded areas

To the Manager

Bank
Branch
PO Box
Town/City

Authorisation Code	1	2	0	0	3	6	5
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Full Name of policy owner	
Daytime phone no.	Business phone no.
Email	

If this debit relates to an existing policy please note policy number(s):

Date of first payment (between 1st and 28th of the month)

Account details

Customer to complete details of account to be debited (Please print in block capitals)

Name of account												
Bank			Branch number				Account number				Suffix	

(Please attach an encoded deposit slip to ensure your account number is loaded correctly)

Authorisation

I/We authorise you until further notice in writing to debit my/our account with you all amounts which **Sovereign Services Limited** (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by Direct Debit.

I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

The following will appear on my/our bank statement

(My/our policy number will print under payer reference)

Payer particulars	Payer code	Payer reference
S O V E R E I G N		

Authorised signature(s) – your signature must appear here

	Date: / /
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For bank use only

Approved	Date Received	Recorded By:	Checked By:	Bank Stamp
0036				
02 02				