

Application Form for Direct Debit



Please use this application form for the following legal entities to capture required data from policyholder:

- Trust or Foundation
- Place of Worship
- Club
- Charity

Policyholder

Policy Number

Primary Contact

Title	<input type="text"/>
Full Name	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>

(this contact will receive the credit agreement to sign)

Business

Business Description	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>

Countries of Operation

Countries traded with

Trustee/Partner 1

Full Name	<input type="text"/>
Residential Address	<input type="text"/>
Postcode	<input type="text"/>
Date of Birth	<input type="text"/>

Trustee/Partner 2

Full Name	<input type="text"/>
Residential Address	<input type="text"/>
Postcode	<input type="text"/>
Date of Birth	<input type="text"/>

Charity registration number

(If applicable)

Bank Account Details

*If the account holder differs from the policyholder, please confirm the relationship.

Account Name	<input type="text"/>
Sort code	<input type="text"/>
Account number	<input type="text"/>
Third Party Payer Relationship (If applicable)	<input type="text"/>

Once you have completed this information for your client, please send via email to directdebitsupport@intactinsurance.co.uk