Application Form for Direct Debit

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

- Sole Trader
- Private Individual

Policyholder

Trading As

Policy Number

Primary Contact

Title

Full Name

Email

Telephone

(this contact will receive the credit agreement to sign)

Residential Address

Postcode

Date of Birth

Business

Business Description

Address

Postcode

Countries of Operation

Countries traded with

Bank Account Details

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

Account Name

Sort code

Account number

Third Party Payer Relationship
(If applicable)

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

**Please note if PCL are unable to verify the customer at the address provided, they may ask for further information such as Proof of Identity and Proof of Address.