Application Form for Direct Debit

Partnerships 3 or less (2 partners/trustees required only) Partnerships 4 or more (trustee/partner 3 is required)

Sort code

(If applicable)

Account Number

Third Party Payer Relationship



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

Policyholders Trading As Policy Number Primary Contact / Partner 1 Business Description Title Full Name Residential Address Address Postcode Postcode Date of Birth **Email Address** (this contact will receive the credit agreement to sign) Partner 2 Partner 3 **Full Name** Full Name Residential Address Residential Address Postcode Postcode Date of Birth Date of Birth **Countries of Operation** Countries traded with **Bank Account Details** *If the account holder differs from the policyholder, please confirm the relationship. **Account Name**

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.