Application Form for Direct Debit

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

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

Policyholder

Policy Number

Primary Contact

Title

Full Name

Email

Telephone

(this contact will receive the credit agreement to sign)

Business

Business Description

Address

Postcode

Countries of Operation

Countries traded with

Trustee/Partner 1

Full Name

Residential Address

Postcode

Date of Birth

Trustee/Partner 2

Full Name

Residential Address

Postcode

Date of Birth

Charity registration number

(If applicable)

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