Direct Debit Mandate: Automatic Premium Payments

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Instruction to set up Direct Debit for Policy Number: [Your Policy Number]

To [Insurance Company Name],

I hereby authorize [Insurance Company Name] to debit my bank account for the purpose of paying insurance premiums related to the aforementioned policy. Please find my banking details below:

- **Account Holder Name:** [Name as it appears on bank statement]
- **Bank Name:** [Name of your bank]
- **Account Number:** [Your account number]
- **Sort Code / Swift Code:** [Relevant bank code]
- **Branch Address:** [Address of your bank branch]

Payment Terms:

- **Frequency:** [Monthly / Quarterly / Annually]
- **Commencement Date:** [Start Date]
- **Amount:** [Fixed Amount / As specified in the policy schedule]

I understand that the amounts may vary based on policy changes or renewals, and I will be notified in advance of any changes to the debit amount. This mandate will remain in effect until I provide written notice of cancellation to both [Insurance Company Name] and my bank.

Please confirm once the Direct Debit setup is complete.

Sincerely,

_____
[Signature]
[Printed Name]