

# Consent for Direct Debit Insurance Fees

Date: \_\_\_\_\_

To: [Insurance Company Name]

[Insurance Company Address]

Dear [Recipient's Name],

I, [Your Name], residing at [Your Address], hereby provide my consent for the direct debit of my insurance fees from my bank account as outlined below:

## **Bank Account Details:**

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

I authorize [Insurance Company Name] to debit my account on a regular basis for my insurance premiums, as per the terms detailed in our agreement.

This consent will remain in effect until I provide written notice of cancellation or change to [Insurance Company Name].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Number]