

Direct Debit Agreement

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Subject: Direct Debit Agreement for Insurance Payment

Dear [Insurance Company Name],

I, [Your Full Name], residing at [Your Address], hereby authorize [Insurance Company Name] to initiate direct debit entries from my bank account to facilitate payments for my insurance policy, policy number [Your Policy Number].

Bank Account Details:

- Account Holder Name: [Your Name]
- Bank Name: [Your Bank Name]
- Account Number: [Your Account Number]
- Sort Code: [Your Sort Code]

This agreement will remain in effect until canceled by me in writing. I understand that I will receive prior notification of any changes to the payment amount or the schedule.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Contact Information]