

Direct Debit Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Direct Debit Request for Insurance Premium

Dear [Insurance Company Name],

I am writing to request the establishment of a direct debit arrangement for the payment of my insurance premium. Below are the details required to set up the direct debit:

Customer Information:

Policy Number: [Your Policy Number]

Account Name: [Your Account Name]

Bank Name: [Your Bank Name]

BSB: [Your BSB Number]

Account Number: [Your Account Number]

Payment Details:

The amount to be debited: [Amount]

Frequency of payments: [Weekly/Monthly/Quarterly]

By signing this request, I authorize [Insurance Company Name] to debit my account as stated above for the payment of my insurance premium.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]