

Direct Debit Instruction

This is not part of the instruction to your Bank or Building Society.

Thank you for applying to pay for your Hiscox policy under the Direct Debit Scheme.

Please complete in BLOCK CAPITALS using BLACK INK and send to Hiscox Underwriting Limited, 25 London Boad, Sittingbourne, Kent ME10 1PE.

TITLE POLICYHOLDER(S) NAMI	E
	(PLEASE INDICATE BOTH NAMES IF JOINT POLICYHOLDERS)
ADDRESS	
	POSTCODE
If this application is on behalf of a company please provide:	
CONTACT NAME:	NAME OF COMPANY:
Your policy number:	indicate your preferred date for making payment: 1st 8th 15th 22nd you prefer to make your payment: monthly annually
ou where this is necessary (for example health information or criminal convictions). This ma urriers, third-party claims adjusters, fraud detection and prevention services, reinsurance or our must obtain the explicit consent of the person to whom the information relates both to	d about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about ay mean we have to give some details to third parties involved in providing insurance cover. These may include insurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, the disclosure of such information to us and its use by us as set out above. The information provided will be treated in
	oly for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.
nstruction to your Bank or Building o pay by Direct Debit ease fill in the whole form using a ball point pen and send it to:	g Society DIRECT De bit
nstruction to your Bank or Building o pay by Direct Debit lease fill in the whole form using a ball point pen and send it to: 5 London Road, Sittingbourne, Kent ME10 1PE. lame(s) of Account Holder(s)	g Society DIRECT Debit
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nstruction to your Bank or Building o pay by Direct Debit ease fill in the whole form using a ball point pen and send it to: 5 London Road, Sittingbourne, Kent ME10 1PE. ame(s) of Account Holder(s) ranch Sort Code (from the top right hand corner of your cheque) ank/Building Society account number ame and full postal address of your Bank/Building Society To: The Manager	Originator's Identification Number: 8 3 0 6 1 8 Reference Instruction to your Bank or Building Society Please pay Hiscox Underwriting Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Hiscox Underwriting Limited and if so, details will be passed electronically to my Bank/Building Society.
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This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Hiscox Underwriting Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Hiscox Underwriting Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.