



Please fill in the whole form and send it to: Zurich Assurance Ltd, The Grange, Bishops Cleeve, Cheltenham, GL52 8XX

Name and full postal address of your bank or building society

To: The Manager									Bank/building society						
Addre	ess														
									P	ost	code	5			
Name(s	s) of	aco	coul	nt h	old	er(s))								
Bank/b	uildi	ng	SOC	iety	acc	our	nt nu	umb	oer						
Branch	sor	t co	de												
Reference (plan number)															

Instruction to your bank
or building society to pay by
direct debit

Service user number
9 9 1 1 8 8

Instruction to your bank or building society

Please pay Zurich Assurance Ltd 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 Zurich Assurance Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)	
Date	

Banks and building societies may not accept direct debit instructions for some types of account

This is not part of the instruction to your bank or building society and must be detached by Zurich Assurance Ltd before submission to the paying bank.

Bank account holder declaration

Signature(s)

Please complete if the person paying is not the life assured on this plan. I understand Zurich may use a reference agency for identification verification and fraud checking purposes.

Date	

Ban	K/	buildin	g	society	account	no	d	er

The full name and address of the bank/building society account holder should be completed if the person, organisation or company making the payments is not a life assured on this plan.

Mr	Mrs	Miss	Other Title		Sı						
Full	forena	ames	Date of birth								
Nationality											
Add	Address										
County Postcode											
If a company makes the payments on this plan, please confirm the registration number:											

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 accept instructions to pay direct debits.
- If there are any changes to the amount, date or frequency of your direct debit, Zurich Assurance Ltd will notify you 10 working
 days in advance of your account being debited or as otherwise agreed. If you request Zurich Assurance Ltd to collect a payment,
 confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by Zurich Assurance Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- · If you receive a refund you are not entitled to, you must pay it back when Zurich Assurance Ltd asks you to.
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Zurich Assurance Ltd