Office Copy

DIRECT DEBIT DETAILS

DD TYPE 3

With the agreement of your Bank/Building Society, the policy(ies) listed below will be renewed in future by Direct Debit

Name of Account Holder
Address

Ref. No.

Number of Policies

Reg & Jur

First Payment Date / /

Rep. No.

Renewal Frequency

M – Monthly
Q – Quarterly
S – Semi-Annually
A – Annually

Policy Number	Name of Insured	Premium

Total amount to be direct debited
(See note overleaf covering inflation protection)

€

Instruction to your Bank or Building Society to pay by Direct Debit

COMBINED

Please fill in the whole form and send it to: Combined Insurance Co. of Europe Ltd., Merrion House, Merrion Road, Dublin 4.

Originator's Identification Number

9	9	2	8	2	5

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank/Building Society

To: The Manager Bank/Building Society

Address

Reference Number

FOR C.I.C.E. OFFICIAL USE ONLY

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

Freq.	DD Type	First Payment Date
	3	

— I/We instruct you to pay direct debits from my/our account at the request of Combined Insurance Company of Europe Limited.

— The amounts are variable and may be debited on various dates.

— I/We understand that Combined Insurance Company of Europe Limited may change the amounts and dates only after giving me/us prior notice.

— I/We will inform the bank/building society in writing if I/we wish to cancel this instruction.

— I/We understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.