

Direct Debit Authority

Bank instructions

Name of Account Holder	AUTHORITY TO ACCEPT DIRECT DEBITS (not to operate as an assignment of agreement)
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Bank account from which payments to be made

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Bank	Branch	Account	Suffix

Authorisation code <div style="display: flex; justify-content: space-around; font-size: 1.2em; font-weight: bold;"> 0319637 </div>

To: The Bank Manager

Bank
Branch
Town/city

I/we authorise you until further notice, to debit my/our account with all amounts which Partners Life Limited (hereinafter referred to as the initiator), the registered Initiator of the above authorisation code, may initiate by direct debit. I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Policy details

Name(s) of policy owner(s)	Policy number(s) for which this authority applies
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Information to appear on my/our bank statement

P A R T N E R S L I F E

Your signature(s)

Date

D	D	M	M	Y	Y



Approved 1963 <hr style="width: 50%; margin: 0 auto;"/> 03 11	For Bank use only original – retain at branch <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">Date received:</td> <td style="width: 33%; padding: 5px;">Checked by:</td> <td style="width: 33%; padding: 5px;">Recorded by:</td> </tr> </table>	Date received:	Checked by:	Recorded by:	Bank stamp
Date received:	Checked by:	Recorded by:			