

Hiscox Direct Debit Mandate

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.

TITLE _____ POLICYHOLDER(S) NAME _____
(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: _____

FOR HISCOX UNDERWRITING LTD OFFICIAL USE ONLY
This is not part of the instruction to your bank or Building Society. Policy number:

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



Please fill in the whole form using a ball point pen and send it to: 25 London Road, Sittingbourne, Kent ME10 1PE

Originator's Identification Number:

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Name(s) of Account Holder(s)

Branch Sort Code (from the top right hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank/Building Society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name and full postal address of your Bank/Building Society

To: The Manager
 Bank/Building Society
 Address:

 Postcode

Reference

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

FOR HISCOX UNDERWRITING LTD OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
 Please indicate your preferred date for making payment:
 1st 8th 15th 22nd

Would you prefer to make your payment:
 monthly quarterly annually

By signing this Direct Debit Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.


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.

Signature(s)
 Date:



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.