

Direct Debit Request

To:- The Manager,
QBE Mercantile Mutual

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.....
.....

POLICY NUMBER
(If available)

.....

AUTHORISATION

I/We [Names in full] Surname _____ Given Names _____

Surname _____ Given Names _____

Business Name [as applicable] _____

Address _____

authorise QBE Insurance (Australia) Limited (User No. 185186) to arrange for funds to be debited under the Direct Debit system from my/our account at the financial institution named below.

The authorisation is to remain in force in accordance with the terms described in the Direct Debit Service Agreement, which has been read and understood.

Signatures 1) _____ Date: ___ / ___ / ___

2) _____ Date: ___ / ___ / ___

FINANCIAL INSTITUTION DETAILS

Name of Financial Institution _____

Choose **ONE** of the two types of accounts below:-

Savings Account

BSB No. ___ ___ ___ / ___ ___ ___ Account Number _____

Branch Name _____

Branch Address _____

Account Name _____

(Please note that not all accounts can be debited, eg. Passbook accounts. If in doubt please refer to your Financial Institution.)

Credit Card

Card Number _____

Expiry ___ / ___ Name on card _____

Card Type: Bankcard Mastercard Visa