



Direct Debit Details Request Form

Republic of Ireland

Tick here to confirm you wish to spread the cost of your insurance premium over **12 monthly instalments**

Customer Name:	
Contact Telephone Number (Mobile):	
Customer Email Address:	
Policy Number:	
Customer Address:	
2nd line of address:	
Country:	
Postcode:	
BIC:	
IBAN:	
Preferred Monthly Collection Date:	

Once completed please return this form to accounts@plum-underwriting.com

PLEASE NOTE: This is not a Direct Debit Mandate, this will be provided during the application process.