

DEBIT ORDER AUTHORISATION



Please advise MUA Insurance Acceptances of changes to your banking details by way of completing the Debit Order Authorisation below and returning the signed and completed form to your broker, for onward transmission to MUA.

I hereby authorise Auto & General Insurance Company Limited to debit my bank account:	
Bank	Branch
Branch Code	Type of Account
Account Number:	Name of Account Holder
ID / Co. Reg. / Trust no.	
Policy Number	
Date to be collected	
Signature of Account Holder	Date
Who warrants authority to bind Proposer/Policyholder?	