

Direct Debit Request

To: The Manager,
QBE Commercial Limited

.....

.....

.....

POLICY NUMBER
(if available)

AUTHORISATION

I/We (Name in full)	Surname	Given Name(s)
	<input type="text"/>	
Business Name (as applicable)	Surname	Given Name(s)
	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	

authorise QBE Insurance (Australia) Limited (User No. 185156) to arrange for funds to be debited under the Direct Debit system from my/our account at the financial institution named below.

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

Signature

1) Date / /

2) Date / /

Please complete either section (1) or (2)

(1) FINANCIAL INSTITUTION ACCOUNT DETAILS

Name of Financial Institution	<input type="text"/>	
Branch Name	<input type="text"/>	
Branch Address	<input type="text"/>	
Account Name	<input type="text"/>	
B.S.B. No.	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Account No. <input type="text"/>

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

(2) CREDIT CARDS DETAILS

Card Type	<input type="checkbox"/> Bankcard	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Card
Cardholder's Name	<input type="text"/>		
Card 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
Signature	<input checked="" type="checkbox"/> <input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>