

4 Direct debit authority

INTERNAL USE:

Payer's details (Please use BLOCK LETTERS)

Title

Family name

Given name(s)

Authority to accept direct debits (Not to operate as an assignment or agreement)

Name and address of account (holder)

Customer to complete bank/branch numbers and account number and suffix of account to be debited (If your suffix is only two numbers, insert a zero first).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

Bank branch

Authorisation code

0 1 0 0 4 0 9

Address

Town/City

Date

I/We authorise you until further notice in writing to debit my/our account with all amounts which: Asteron Life Limited (hereinafter referred to as the Initiator) the registered Initiator of the above Authorisation Code, may initiate by direct debit. I/We acknowledge and accept that the bank accepts this authority only upon the conditions listed on the reverse of this form.

Details to appear on my/our bank statement (to be completed by Initiator)

A S T E R O N	<input type="text"/>	<input type="text"/>
PAYER PARTICULARS	PAYER CODE	PAYER REFERENCE/CONTACT NUMBER

Authorised signature

**SIGN
HERE**

For bank use only

Approved

Date received

Recorded by

Checked by

Bank stamp

0040	
05	2003