

Premium payment by Direct Debit  
installment


ExtraCover premiums can be paid by instalments - with no additional cost.

- Ease the burden on bank balances by spreading the payment period – Payment in equal amounts on or after 1st April, 1st May and 1st July each year.
- It is convenient - all that you have to do is complete the bank mandate. We do the rest.
- Peace of mind - continuity of insurance is vital protection for the Club. Premiums will automatically be taken care of— you do not have to remember to “put a cheque in the post”.

**What Must You Do?**

Complete the bank mandate and return this to ECB Insurance department at Marshall Wooldridge Ltd. 14 - 16 Ivegate, Yeadon, Leeds, LS19 7RE

The Direct Debit Guarantee



This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme, The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, Marshall Wooldridge Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed.


If an error is made by Marshall Wooldridge Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a direct debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us

**INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS**

Please fill in the form and send to ECB Insurance, Marshall Wooldridge Ltd. 14-16 Ivegate, Yeadon, Leeds LS19 7RE

Originators Identification Number



1) Name and full postal address of your Bank or Building Society

To: The Manager .....

.....Bank/Building Society

Address.....

..... Postcode.....

2) Name(s) of account holder(s)

3) Bank Sort Code (from top right of your cheques)

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6

1

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4) Bank or Building Society Account Number

5) Club Reference Number (ECB)

6) Instructions to your Bank or Building Society  
Please pay MARSHALL WOOLDRIDGE LTD Direct Debits from the account detailed in this Instruction subject to the safeguards assured by The Direct Debit Guarantee  
I understand that this Instruction may remain with Marshall Wooldridge Limited and, if so, details will be passed electronically to my Bank / Building Society

Signature(s).....

Date.....

**ECB Extra Cover Insurance 2012**

Premium Payment by Debit/Credit Card Payment Form

ECB EXTRACOVER CLUB REFERENCE:		
Name of Cardholder (exactly as it appears on the card)		
Address of Cardholder (must be the same as the card statement address)		
Postcode (Must be completed)		
Signature of Cardholder		Date:
Telephone Number (in case of query)		

PLEASE DEBIT INSURANCE PREMIUM £ \_\_\_\_\_ PLUS ANY APPLICABLE CREDIT CARD SURCHARGE FROM CARD SPECIFIED BELOW.

TYPE OF CARD (PLEASE TICK)

Mastercard Debit	<input type="checkbox"/>	Visa Debit	<input type="checkbox"/>	Maestro Debit	<input type="checkbox"/>
Mastercard Credit	<input type="checkbox"/>	Visa Credit	<input type="checkbox"/>	Solo Debit	<input type="checkbox"/>

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"/>
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START DATE: (MM/YY)

EXPIRY DATE (MM/YY)

ISSUE NO. (SOLO/MAESTRO ONLY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>
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SECURITY CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Last 3 digits of the number printed on the signature panel on the reverse of the card)

CHARGES:

*Please note that a 2% bank surcharge applies to payment by Credit Card. There is no charge for payment by Debit Card*

DATA PROTECTION:

*Marshall Wooldridge Ltd will use the information given for the purposes of the stated transaction only.*