



Credit and debit card mandate

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Who is this form for?

This form is for policyholders who wish pay their policy premiums by credit or debit card. You can also use this form to tell us about a new card if your old one is about to expire. Depending on the type of policy you hold, this payment option may not be available for specific payment frequencies, please check your policy literature or contact us before completing.

Completing this form

In order to comply with the Isle of Man Insurance (Anti-Money Laundering Regulations) 2008, we may require additional source of wealth evidence subject to where the bank that issued your credit or debit card is registered. For further information about country tiers please refer to our source of wealth information document available online at www.rl360.com/sourceofwealth.pdf.

If you need help completing this form please contact our Customer Services Team on +44 (0)1624 681682 or alternatively you can email csc@rl360.com.

When you have completed this form

Please send the original signed instruction by post direct to: Payments Team, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Important

We are only able to accept credit or debit cards where the card displays one of the logos above and is prefixed with a '3', a '4' or a '5'.

We regret that we cannot accept payments from Rand or Zimbabwe dollar denominated cards.

The maximum amount that can be collected by credit card is GBP99,999.99 (or currency equivalent) per premium.

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

If you are using this mandate to update your credit card details, please make sure you allow 5 working days for your request to be processed.

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RL360° policy number

Policyholder name(s)

I authorise you, until further notice in writing, to collect payments as detailed below:

Premium currency (please tick appropriate box)

Sterling (GBP)	<input type="checkbox"/>	US dollar (USD)	<input type="checkbox"/>
Euro (EUR)	<input type="checkbox"/>	Swiss franc (CHF)	<input type="checkbox"/>
Australian dollar (AUD)	<input type="checkbox"/>	Hong Kong dollar (HKD)	<input type="checkbox"/>
Japanese yen (JPY)	<input type="checkbox"/>		

Premium amount in figures

Premium amount in words

Premium frequency Monthly Quarterly Half-yearly Yearly

Premium commencement date (dd/mm/yyyy)

Card type Mastercard/Eurocard Visa JCB American Express*

* The amount we collect from your card will be 1% higher than your premium to cover additional charges applied by American Express.

Card issued by (name of bank)

Country of card issue

Cardholder's name(s) (must be a policyholder)

Cardholder's address (as held by the card issuer)

Card number - - -

Expiry date (mm-yy) -

I understand that RL360 Insurance Company Limited (RL360°) will advise me of the amount to be paid and the dates on which payment is due and that RL360° may only change these after giving me prior notice.

I understand that this authority in favour of RL360° will remain in force until such time as I cancel it in writing.

Signature of cardholder(s)

Full name

Date (dd/mm/yyyy)