



**PAYMENT MANDATE FOR BACS PAYMENT**  
**FROM STEPHEN LOWER INSURANCE SERVICES LIMITED**

Payment amount .....

Sort Code .....

Account Number.....

Name of Account Holder .....

Correspondence address .....

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I declare that the bank details and information that I have provided are correct and true to the best of my knowledge and understand that in the event of any error, mistake or fault in the information that I have supplied that I will be responsible in full for any losses caused by any monies/settlement being transferred into any incorrect account. Furthermore I understand that there is no obligation whatsoever to indemnify me in respect of any losses incurred by the supply of the incorrect banking details.

Name .....

Date .....

Signed .....