
Name of the insured

Address

Postcode

ID. no.

Email

Telephone home

Telephone work/Mobile

Payment terms

- ID is the identification number of policyholders

I, the undersigned, wish that all premiums and other costs regarding my insurance at Vörður tryggingar ID.No. 441099-3399 and Vörður líftryggingar ID.No. 611207-2040 will be debited according to this application. Please spread the premiums over _____ months.

Interest will be accounted from remainder of the premium according to the company's tariff at any given time.

- Credit card VISA EUROCARD Other

Please notify your creditcard number through phone number 514 1000.

- Bank account Connect through online bank Connect through bank branch

	Bank no.	Book	Account no.
Bank			

Linking direct payments are the sole responsibility of the Customer

- Payment Services BANK Bank no.

- ★ Please fill in if the account owner is someone other than the insured.

Owner of the account/credit card

ID. no.

Address

Postcode

Any other information

Date: _____

Owner's signature

Recipient of this form