

DEBIT ORDER AUTHORITY

To **Cover Administration cc** and _____
(NAME OF INSURER / COLLECTION AGENCY)

NAME OF INSURED _____
POSTAL ADDRESS _____
POSTAL CODE _____

BANK ACCOUNT DETAILS:

COMMENCEMENT DATE (MONTH) _____ :

DEDUCTION DATE (TICK ONE) : ☐ 1ST ☐ OTHER _____ (Check available dates, depending on the Insurer)

BANK : _____
NAME OF ACCOUNT : _____
ACCOUNT NUMBER : _____
BRANCH : _____
BRANCH CODE : _____
TYPE OF ACCOUNT : _____

SIGNATURE/S OF ACCOUNT HOLDER/S

DEBIT ORDER AUTHORITY:

I/we hereby request and authorize you to draw against my account with the abovementioned bank (and any other bank/branch to which I/we may transfer my/our bank account) the amount necessary for payment of the monthly premium due in respect of my/our Short Term Insurance. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we agree to pay the bank charges in connection with this instruction and authorize you to increase the value of each withdrawal so as to recover the costs thereof in accordance with the South African clearing bank's tariff in force at times.

I/we understand that the withdrawals hereby authorized will be processed by computer; details of each withdrawal will be reflected on my/our bank statement and; the obligation to ensure the my/our monthly premiums are received by you remains with me/us despite the granting to you of this debit order authority.

I/we undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the abovementioned insurance are duly drawn by in terms of this debit order authority and I/we record that your acceptance of this debit order authority in no way places any onus on you to ensure that the monthly withdrawals of the amount referred to herein are made.

The authority shall continue in full force and effect until cancelled by me/us in writing by giving 30 days notice thereof. I/we understand that I/we shall not be entitled to any refund of any amount which you have withdrawn while this authority was in force unless I/we can prove that any such amount were not legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by me/our bank.

SIGNED AT _____ ON THIS _____ DAY OF _____

SIGNATURE OF INSURED

COMPANY STAMP (WHERE APPLICABLE)