

DEBIT ORDER AUTHORITY FORM

Kindly fill in the details below in order for us to facilitate your new policy with _____.

Full Company Name

Risk Address

Postal Address

Responsible Person

Telephone Number

Fax Number

Cell Phone Number

E-mail Address

Company Registration Number

Company VAT Number

Nature of the Business

Please complete the attached Debit Order Authority.

DEBIT ORDER AUTHORITY

I/We authorise _____ and/or their collection agents (the Company) to draw against my/our account when the premium(s) due for the policy(ies) listed below and/or any substituted policy(ies) to which I/we extend this authority.

I/We further authorise the Company to vary such premium due from time to time to reflect any change in cover, risk, sum insured or policy rates.

I/We understand and agree that if any premium(s) is/are not met by the bank referred to below when the debit order is presented, the policy(ies) is/are cancelled automatically from the end of the period of insurance for which premium has been paid.

This authority remains in force until cancelled in writing by me/us or the Company.

NAME OF INSURED	_____			
NAME OF ACCOUNT	_____			
BANK	_____			
BRANCH	_____	BRANCH CODE	_____	
TYPE OF ACCOUNT	_____		ACCOUNT NUMBER	_____
DEBIT ORDER DATE	1 st	7 th	15 th	31 st

I further authorise _____ and/or their collection agents to deposit directly into the above account any amount which may be due to me/us either in respect of any refund premiums or in settlement of any claim.

I/We understand that the withdrawals from the above account will be processed through a computer system and that the details of each withdrawal will be printed on my bank statement.

Signature of Account Holder _____ Date _____