



DEBIT ORDER AUTHORITY FORM

Associated Broker

DETAILS OF BROKER

Brokers Name..... **Telephone Number**.....

NAME OF INSURED

ADDRESS **POSTAL CODE**.....

POLICY NUMBER

I/We hereby request you to draw against my/our existing account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly amount due in respect of the under mentioned insurance.

On the 1st / 7th / 15th day of each and every month commencing on All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

Premium Amount: R.....

BANK **BRANCH**

BRANCH CODE **TYPE OF ACCOUNT**

ACCOUNT NUMBER

ACCOUNT IN NAME OF

Should the bank for any reason reclaim from Monitor Administrators any of the amounts paid in terms of this request, I/we undertake to refund such amounts to Monitor Administrators.

This authority may be cancelled by me/us by giving thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

Signed at On this day of2.....

.....
Authorised Signature Second signature Capacity

(A second signature will be required for joint accounts or when a legal guardian assists a minor)

This agreement is subject to the notes below:

NOTES

1. In the event of any one installment being not paid (when due) these arrangements shall terminate and cover shall deem to have lapsed on the last day of the uninterrupted period for which Monitor Administrators has received payment in terms of this request.
2. Monitor Administrators will receive all payments in terms of this authority without any prejudice to Monitor Administrators' rights or the rights of the Insurance Company.