



# Debit Order

## Written Authorization and Mandate for Debit Order Instruction

Date

### Debit Order Authorization Form

Name of Account Holder:

Address of Account Holder:

Postal Code:

Account Number:

Name of Bank:

Type of Account:

Current [Cheque]

Savings

Transmission

Branch Code:

Amount:

*This amount may vary each month due to a] annual increase b] costs incurred where debit orders are returned unpaid c] changes that you make to the Agreement, or other additional amounts due on an ad hoc basis, allowed and specified in the Agreement.*

*This amount will fluctuate from month to month in accordance with agreed fees and rates as detailed in the Agreement but shall not exceed the totality of obligations as detailed in the Agreement.*

Payment Date:

*[Your account can be debited on any day within a 10-day range after this date]*

Frequency of Debit:

Termination Date:

*Upon cancellation or lapse of the Agreement.*

Duly Authorized Beneficiary:

*The Beneficiary may be any insurance party which is mandated or authorized to handle short term insurance premium collection.*

Beneficiary's Address:

Bank Account Reference:

*The bank account reference will reflect on your monthly bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any payment instruction. This reference may only be changed upon 30 days written notice.*

### Mandate

This signed mandate and authority relates to the insurance contract [referred to as "the Agreement"] signed by you with the client customer account code

This mandate shall remain in force until cancelled by giving 30 [thirty] days' notice in writing to and | or its authorized agents and | or cessionary. Cancellation of this mandate does not cancel the Agreement.

## Authority

I hereby authorize **DCI Risk Management** and | or its authorized agents and | or cessionary to draw against my account detailed above [or any other Bank to which I may transfer my account] the amount necessary for payment of the amount payable by myself in terms of the Agreement. I acknowledge that a third party may facilitate the payment process and debit my account on behalf of \_\_\_\_\_

I confirm that the amount debited from my account may be paid to an insurer[s [by the beneficiary] for insurance cover.

I acknowledge that all payment instructions issued by **DCI Risk Management** and | or its authorized agents and | or cessionary shall be treated by my above-mentioned Bank as if the instruction has been issued by me.

I agree that the first payment instruction will be issued and delivered on or around the Payment Date and regularly thereafter, until the termination date, and according to the Agreement. Each individual payment instruction may not differ other than as agreed to in terms of the Agreement. In the event that the payment day falls on a weekend, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I consent to the use of the tracking facility as provided for in the Electronic Debit Order system, where this is used, at no additional cost to myself.

I consent to the tracking of credit in my account, and I consent to the debiting of my account on any day within 10 [ten] days of the Payment Date selected in this mandate.

I acknowledge and consent that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, and I am notified accordingly.

## Signatures

[for corporate clients, two signatories are required]

Name:

Name:

Date:

Date:

Signature [Duly Authorized]

Signature [Duly Authorized]