

DEBIT ORDER AUTHORITY

NAME OF INSURED	<input type="text"/>			
NAME OF ACCOUNT HOLDER	<input type="text"/>			
NAME OF BANK	<input type="text"/>			
NAME OF BRANCH AND CODE	<input type="text"/>			
ACCOUNT #	<input type="text"/>			
TYPE OF ACCOUNT	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION	<input type="checkbox"/> OTHER
*IF OTHER, KINDLY SPECIFY.	<input type="text"/>			
PREFERRED DATE OF COLLECTION	<input type="checkbox"/> 1 st	<input type="checkbox"/> 4 th	<input type="checkbox"/> 7 th	<input type="checkbox"/> 15 th

I/We hereby authorise Centriq Insurance Company Ltd to debit the above account monthly with the insurance premium calculated by Arrow Underwriting Managers (Pty) Ltd on behalf of them for the Policy.

I/We understand that any change made by me/us in terms of the Policy will automatically authorise Centriq Insurance Company Ltd to adjust the premium debit according to their calculations without prior notice thereof to me/us.

I/We understand that:

- Notwithstanding this debit order authority, the onus rests on me/us to ensure that the premium is paid and that I/we shall check my/our bank statements regularly to ensure that my/our insurance premium is paid.
- The premium is collected directly into the bank account of the Insurer.

This debit order authority shall remain valid and operative unless it is cancelled by me/us by written instructions to Arrow Underwriting Managers (PTY) Ltd. Premiums that are deducted after receipt of such cancellation shall be refunded.

I/We agree to advise Arrow Underwriting Managers (PTY) Ltd of any change in my/our banking details to ensure that deductions continue as I/we understand that non-payment of premium will result in cancellation of cover.

SIGNATURE OF ACCOUNT HOLDER	<input type="text"/>	DATE	<input type="text" value="20YY / MM / DD"/>
SIGNATURE OF INSURED	<input type="text"/>	DATE	<input type="text" value="20YY / MM / DD"/>

FOR OFFICE USE ONLY	CAPTURED BY	<input type="text"/>		
	SIGNATURE	<input type="text"/>	DATE	<input type="text" value="20YY / MM / DD"/>