



## MONTHLY DEBIT ORDER AUTHORISATION FORM

This signed mandate and authority relates to the insurance contract (thereafter "the Agreement") signed by you.

I/We authorise, **LVM Insurance Brokers CC** (beneficiary) and/or its authorised collection agents and/or cessionary to draw against my/our account the amount necessary for payment 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 **LVM Insurance Brokers CC**. I confirm that the amount debited from my account may be paid to an insurer/s for insurance cover.

I/We further authorise the Close Corporation to vary such premium due from time to time to reflect any change in cover, risk, sum insured, policy rates, bank and or other charges.

I/We acknowledge that all payment instructions issued by **LVM Insurance Brokers CC** and/or its authorised agents and/or cessionary shall be treated by the below mentioned Bank as if the instruction has been issued by me/us.

I/We agree that the first payment instruction will be issued and delivered on or around the Debit Order Date and regularly thereafter, until the termination date, and according to the Agreement. Each individual payment instruction may vary from time to time due to any change in cover, risk, sum insured, policy rates, bank and or other charges. In the event that, the payment day falls on a weekend, or recognised South African public holiday, the Debit Order day will automatically be the very next ordinary business day.

I/We 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/We 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 Debit Order Date selected in this mandate.

I/We 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.

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 Close Corporation.

NAME OF INSURED: \_\_\_\_\_

NAME OF ACCOUNT HOLDER: \_\_\_\_\_

ADDRESS OF ACCOUNT HOLDER: \_\_\_\_\_

BANK: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

ABBREVIATED USER REFERENCE (AUR): "LVM \_\_\_\_\_" AMOUNT: R \_\_\_\_\_

DEBIT ORDER DATE: 1ST



I/We further authorise **LVM Insurance Brokers CC** 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.

**THUS, SIGNED BY:**

1. Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

(who warrants that they are duly authorised)

**(For Corporate clients, two signatories are required)**

2. Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

(who warrants that they are duly authorised)