

### DEBIT ORDER AUTHORITY FORM

**PLEASE SEND ALL DEBIT ORDERS TO: 7 Bartaan Street  
 PO Box 1462  
 Bethlehem, 9700  
 Fax: 0861 101 574**

### INSURED

Policy Number	<input type="text"/>	Telephone number:	<input type="text"/>
Surname	<input type="text"/>	Title	<input type="text"/>
First Name(s) <i>(in full)</i>	<input type="text"/>	Initials	<input type="text"/>
ID/Passport Number	<input type="text"/>	Policy Number	<input type="text"/>

### DEBIT ORDER DETAILS

Account Name	<input type="text"/>		
Bank Name	<input type="text"/>	Branch Code	<input type="text"/>
Account No.	<input type="text"/>	Branch Name	<input type="text"/>
Account Type	<input type="text"/>		
Debit order date	1st <input type="text"/>	5th <input type="text"/>	10th <input type="text"/>
		15th <input type="text"/>	25th <input type="text"/>

I hereby instruct and authorise you to draw against my bank account from my bank the amount necessary for payment of my monthly premium due in respect of the above mentioned insurance, without prejudice to the rights of Resolution Underwriters (Pty) Ltd. I further authorise you to increase the amount due in terms of the policy from time to time and authorise my bank to effect payment.

Signature of Account Holder: \_\_\_\_\_

Date