

Debit Order Authority

If you wish to pay your insurance premiums monthly, please complete this form.

Policy number(s):

Insured Name:

Telephone number(s):

Fax number:

Insured's e-mail Address:

1. The name of your Bank or Financial Institution.

Name

Branch

2. The code of bank – see top right hand corner of cheque

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Type of account (please tick appropriate box).

Cheque

Transmission

Savings

5. Payers account name

Signature of Payer

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6. Strike date

7. Date

dd/mm/yyyy

NB: The banking details for the policy number(s) specified in this form will be amended in accordance with this request.