EXCESS RISK CONSULTANTS

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Centurion

Excess Risk Consultants | Debit Order Authority

A. Insured and Policy

Policy / Quote Number:	ERCP	Policy inception date:	
Insured:			
ID/Company Reg Number:		VAT Number:	
FSP/Broker/Sub:			
E-mail Address:		Tel/Cell Number:	
Physical Address:		Postal Address:	
Postal Code:		Postal Code:	

B. Banking Details

Name of Bank:			
Branch Name:			
Branch Number:			
Account Holder:			
Type of Account:			
Account Number:			
Debit Date:	1st ☐ 7th ☐ 15th ☐	Payment start date:	DD / MM / YYYY
Policy Premium:			

*Compulsory field. Pro-rata may be added in line with the policy inception date.

** If the first debit date has passed or is within 4 days of processing this request, a force debit will be processed within the following 4 - 6 business days.

C. Declaration

I/ We hereby request and authorize Excess Risk Consultants (Pty) Ltd . to draw against the above account with the above mentioned bank(or any other bank/ branch to which I/we may transfer my/our account) the amount necessary for payment of the monthly premium and fee due in respect of the above mentioned insurance. All such withdrawals from the above bank account by you shall be treated as though they had been signed by me/us personally.

I/ we agree to pay the bank charges in connection with this instruction and authorise you to increase the value of each withdrawal so as to recover the costs thereof in accordance with the South African clearing bank's tariffs in force at the time.

I/ We acknowledge that:
1. The withdrawals hereby authorised will be processed by computer into a dedicated QSure Account.
2. Details of each withdrawal will be reflected on the bank statement of the above account or on the accompanying voucher.
3. The obligation to ensure that the monthly premiums are received by the insurer remains with the insured despite the granting to the insurer of this debit order authority.
4. The Deduction Amount may vary 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.
5. If the debit date falls over a weekend or RSA public holiday, the deduction will be processed on the following business day.
6. This Authority may be Assigned to a third party if this agreement is also assigned to a third party.
7. The debit order reference "**Old MutualERCP(your policy number)**" 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.

I/We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the above mentioned insurance are duly drawn by the insurer in terms of this debit order authority, And I/We record that your acceptance of this debit order authority in no way places any onus on you to ensure that the monthly withdrawals of the amount referred to herein are made. This authority shall continue in full force until cancelled by the insured by giving you 30 days' written notice thereof, sent to you by fax or email, but I/ We understand that I/We shall not be entitled to any refund of any amount which the insurer has withdrawn while this authority was in force unless, I/We can prove that any such amounts were not legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank.

Name and surname:		Capacity:	
Signature:		Date:	
		Place:	