

## DEBIT ORDER AUTHORISATION

### CLIENT INFORMATION

Name & Surname \_\_\_\_\_

ID Number \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name of Bank / Building Society \_\_\_\_\_

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

Name of Bank \_\_\_\_\_ Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_ Debit order date \_\_\_\_\_

- ***Business Accounts – Please provide Letter from the Bank as well as copies of all Directors' id documents.***

I/we hereby authorise C Brokers CC to arrange premium collection on my / our Bank account (as specified above), wherever it may be conducted, with their debit order system for all amount/s due or any amounts which may at any future time become due in terms of my/ our insurance policy/ies as. I/we undertake to advise C Brokers CC in writing of any changes to my/our present account details for the premium amounts owing to be debited.

If my/our debit order is not collected due to an administration error, I/ We undertake to contact C Brokers CC in writing within 15 days of the debit order not being processed to correct the mistake so premium owing may be collected and the error corrected. This authority may be cancelled by me/us by giving C Brokers CC and / or their collection agent thirty (30) days' notice in writing, but I/ we understand that I / we shall not be entitled to any refund of amounts which have been legally withdrawn whilst this authority was in force if such amounts were legally owing to C Brokers CC.

Receipt of this instruction by C Brokers CC & their premium collection agent shall be regarded as receipt thereof by my / our bank (whichever it is or will be).

I/ We the undersigned, hereby acknowledge that I have read and understand all the information contained in this document. I/ We also acknowledge that all the information provided by me/us is true and accurate.

Signature Client: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature Witness: \_\_\_\_\_

Print name: \_\_\_\_\_



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