



## Debit Order Authority

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Name: \_\_\_\_\_

**Please note that when paying your Annual Premium on a Monthly Debit Order the following applies:**

I/We authorise THE HOLLARD INSURANCE COMPANY LTD to draw against my/our account when the premium(s) become due for the policy(ies) and/or any substituted policy(ies) to which I/we extend this authority.

I/We further authorise the Company to vary such premium due from time to time to reflect any change in cover, risk, sum insured or policy rates.

I/We understand and agree that if any premium(s) is/are not met by the bank referred to above when the debit order is presented, the Company will re-debit the following month unless the premium was stopped by you. If the premium is not paid when re-debited, the policy will be cancelled from the date on which the unpaid premium was due to be paid.

This authority remains in force until cancelled in writing by me/us or the Company. In the event of cancellation, the Company is entitled to keep the annual premium for the period the Policy or Section has been in force.

We will not refund you upon cancellation for the remainder of the period if the maximum amount stated in the schedule is settled in terms of a claim. If a claim is instituted the remaining unpaid portion of a monthly-paid premium must be paid otherwise it will be deducted from the claim amount paid to you.

Should a claim arise on a Short-term policy the full annual premium will be payable before a claim can be made.

I/We agree to pay any charges relating to this debit.

I further authorise THE HOLLARD INSURANCE COMPANY LTD 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 and will include the name EQUIPAGE.

| BANK DETAILS          |  |                      |     |     |      |
|-----------------------|--|----------------------|-----|-----|------|
| NAME OF INSURED:      |  |                      |     |     |      |
| NAME OF ACCOUNT:      |  |                      |     |     |      |
| BANK:                 |  |                      |     |     |      |
| BRANCH NAME AND TOWN: |  |                      |     |     |      |
| ACCOUNT NUMBER:       |  |                      |     |     |      |
| BRANCH CODE:          |  |                      |     |     |      |
| TYPE OF ACCOUNT:      |  | INDICATE ACTION DAY: | 1st | 7th | 15th |

DATE: \_\_\_\_\_

ACCOUNT HOLDER'S SIGNATURE: \_\_\_\_\_

**BELONG WITH US.**

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