

VAPS Insurance Underwriters | Debit Order Authority Form

Insured Details

Insured Name:	<input type="text"/>		
VAT Number:	<input type="text"/>		
ID/Company Reg Number:	<input type="text"/>		
Postal Address:	<input type="text"/>	Physical Address:	<input type="text"/>
Postal Code:	<input type="text"/>	Postal Code:	<input type="text"/>
Tel/Cell Nr:	<input type="text"/>		
Email Address:	<input type="text"/>		

Banking Details

Name of Bank:	<input type="text"/>		
Branch Name:	<input type="text"/>		
Branch Number:	<input type="text"/>		
Account Name:	<input type="text"/>		
Type of Account:	<input type="text"/>		
Account Number:	<input type="text"/>		
Debit Date:	1 st : <input type="text"/>	7 th : <input type="text"/>	15 th : <input type="text"/>

Declaration by Insured

I/ We hereby request and authorise VAPS Insurance Underwriters 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 understand that:

1. The withdrawals hereby authorised will be processed by computer,
2. Details of each withdrawal will be reflected on the bank statement of the above account or on the accompanying voucher, and
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.

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 of Authorised Signature:	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
		Place:	<input type="text"/>