Guardrisk Allied Products and Services (Pty) Ltd.
Co.Reg No.: 2007016202/07
FSP No.: 10411
An Authorised Financial Services Provider

DEBIT ORDER AUTHORITY

(1) ASSIGNMENT

I, the undersigned, request that Guardrisk Allied Products and Services (Pty) Ltd, on behalf of the Insurers, draw against my Bank Current Account / Transmission Account / Building Society Transmission (whichever it may be) the amount necessary for payment of premium and administration fee due under any policy or policies issued on my instructions. I understand that either the Insurer or I may at any time cancel these arrangements in writing. I further understand that the Insurer will receive all payments in terms of this request without prejudice to the Insurer's rights.

I understand that the withdrawals, hereby authorized, will be processed by computer, through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

This authority may be cancelled by me by giving thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or may be).

I acknowledge that the party hereby authorized to effect the drawing(s) against my account may not cede or assign any of it's rights to any third party without my prior written consent and that I may not delegate any of obligations in terms of this contract / authority to any third party without prior written consent of the authorized party.

Signed _____ on this _____ day of _____ 20 _____

Note : A cancelled cheque should be attached for bank identification purposes (current accounts only).

(2) RESOLUTION BY DIRECTORS / MEMBERS

*** to be completed when the above signature represents a board or a division of a company or closed corporation.

I, _____ ,(full name)
am appointed by _____ ,(company name)
in the capacity of _____ ,(capacity)
to authorize the Premium Debit Order deduction form. I am responsible to advise Cre-8, in writing of any changes to the signatures of the "Resolution by Directors/Members".

Signed _____ on this _____ day of _____ 20 _____

Telephone no area code | Fax no area code

Email Address

VAT Number

Company Registration Number

(3) BANK ACCOUNT DETAILS

*** All premiums must be deducted from the following bank account.

Type of Account Cheque ☐ Current ☐ Savings ☐ Transmission ☐

Bank or Building Society

Branch | Town / City

Account Name

Account No

Branch Code No

Date of First Debit d d / m m / y y y y

(All premiums will be deducted by the 1st of every month)