

Debit Order Form

SURNAME AND FIRST NAMES OF ACCOUNT HOLDER (If payer is a Company, state name of Company in full)	
ADDRESS OF ACCOUNT HOLDER	
INSTITUTION AND BRANCH WHERE ABOVE ACCOUNT IS CONDUCTED	
BRANCH CLEARING CODE	
ACCOUNT NUMBER	
TYPE OF ACCOUNT i.e. Current, Transmission or Savings	
VAT REGISTRATION NO.	
DEBIT ORDER DATE	

Notes:

1. Monthly Premium payments are paid in advance i.e. at the beginning of the month for that month.
2. Monthly premiums are collected on the first working day of each month or date chosen.

I/We hereby authorise Escape Premium Collection (Pty) Ltd, to draw on my/our account (wherever it may be) at the abovementioned institution, in any manner agreed on between Escape Premium Collection (Pty) Ltd, the amount of the premium payable and I/we request the aforesaid institution to debit my account with all debits drawn against it by Escape Premium Collection (Pty) Ltd.

SIGNATURE OF ACCOUNT HOLDER

DATE