

# Debit Order Authority Form



To be compliant with PASA regulations, please complete the fields below, in full, and return the signed copy to your broker. The contact information is contained in your policy documentation's "Disclosure Notice" section under "Local branch details". If your debit order details change, please re-submit the PASA annexure form, to ensure your policy remains PASA compliant. Please keep a copy of the signed document for your own records.

I, the account holder, hereby authorise Qsure, on behalf of Old Mutual Insure, to deduct my monthly instalment from my account.

Policy Number(s): \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. The name of your Bank or Financial Institution:

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

Branch: \_\_\_\_\_

2. The code of bank – see top right hand corner of cheque:

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3. Account Number:

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4. Type of Account (please tick appropriate box):

Cheque  Transmission  Savings

5. Payers Account Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Debit Order Date: \_\_\_\_\_ Date (dd/mm/yyyy): \_\_\_\_\_

NB: The banking details for the policy number(s) specified in this form will be amended in accordance with this request.

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.