



DEBIT ORDER AUTHORITY

Insured Details

Full Name		Account Holder Name	
Postal Address			
Name of Bank		Branch Code	
Type of Account: Current	Savings	Transmission	Branch Name
Account No		Amount	
Strike Date	1st	15th	
Debit Frequency		First Payment Date	

I/We hereby authorise Commercial and Industrial Acceptances (Pty) Ltd (CIA) to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the insurance contract (Agreement). CIA whilst acting as an Agent for the Compass Insurance Company Limited is authorised to draw payment in terms of the Agreement.

I agree that the first payment instruction will be issued and delivered on the first payment date and thereafter regularly, until the Agreement termination date or until this Authority and Mandate is terminated by me/us by giving CIA notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated below.

If the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

Mandate: I/We acknowledge that all payment instructions issued by CIA shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which CIA have withdrawn while this Authority was in force, if such amounts were legally owing to CIA.

Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

The **Agreement reference** on the bank statement will be reflected as a combination of the word "Insurance_CIA" followed by the insured policy number. For example: Insurance_CIA123456.

Signed at _____ on _____ day of _____ 20____

Full Name _____ Signature of Account Holder
Designation _____ (Duly Authorised)