DEBIT ORDER AUTHORISATION — COMMERCIAL, AGRI & GREENBOX

Payments Association of South Africa (PASA) Regulations require clients' approval for deductions of premiums. To make it easy for you, we have prepared this form that must be completed by you, signed and sent back to your broker or admin@msbia.co.za It is important that you keep a copy for your own records. Should your debit order details change, please re-submit the debit order authority, to ensure your policy remains compliant to PASA regulations.

I/We hereby instruct and authorise MSB Insurance Administrators (Pty) Ltd and/or its authorised debit order collection company—Fulcrum Collections (Pty) Ltd to draw against my/our account with the below mentioned bank on the selected day of each and every month and continuing until termination of our agreement or until cancelled by me/us in writing by giving you thirty days' notice.

I/We also authorise MSB Insurance Administrators (Pty) Ltd and/or its authorised debit order collection company-Fulcrum Collections (Pty) Ltd to adjust these debits based on changes in coverage, risk, insured amounts or policy rates.

Policy number(s):								
Policyholder name:								
Telephone number:								
Email address:								
Bank:								
Branch name:								
Branch code:								
Account number:								
Account holder name:								
Type of account (please circle the appropriate one):	Cheque			Transmission			Savings	
Monthly premium:								
Debit order date (please circle the preferred day):	1	2	3	5	7	9	10	15
Debit order prefix:	MSBIA							

DECLARATION BY POLICYHOLDER

I hereby authorise MSB Insurance Administrators to draw against my account all amounts due in terms of this application. This authorisation will remain in force until MSB Insurance Administrators or I terminate it. I accept that MSB Insurance Administrators may debit my account on a different date than the specified date if there are insufficient funds in the nominated account to meet the premium payment due. MSB Insurance Administrators may track my account and present the instruction for payment as soon as sufficient funds are available.

Account holder's signature:	Account holder's signature:
Full name:	Full name:
Date:	Date:

Please note If necessary, the banking details for the policy number(s) specified in this form will be changed in accordance with this request.