



"INSURING YOUR PEACE OF MIND"

TEL: 031-583 2200
FAX: 031-566 4226
EMAIL: info@tibs.co.za
WEBSITE: www.tibs.co.za
FSP NUMBER: 5950

Debit Order Authority

INSURED: _____
POSTAL ADDRESS: _____

INSURANCE CO: _____
POLICY NO.: _____

DEBIT ORDER AUTHORITY

NAME OF BANK / BUILDING SOCIETY _____
BRANCH _____ BRANCH CODE _____
ACCOUNT NO _____ TYPE OF ACCOUNT _____
NAME OF ACC. HOLDER _____

I hereby authorise **TIB Insurance Brokers** to draw against the above account (or any other Bank or Building Society to which I may transfer my account) the amount necessary for payment of the premium and renewal premiums due to various Insurance Companies in respect of my insurances.

The amount of my debit may vary from time to time to reflect any changes in cover, risk, sum insured or premium rates.

I agree that in the event of any debit order not being met by my Bank/Building Society, the policy will be cancelled and will be of no effect from midnight on the last day of that month for which **TIB Insurance Brokers** has received payment.

This authority may be cancelled by me giving **TIB Insurance Brokers** 30 days notice in writing, but I understand that I shall not be entitled to any refund of amount which **TIB Insurance Brokers** have drawn while this authority was in force if such amounts were legally owing to various Insurance Companies.

Receipt of this instruction by **TIB Insurance Brokers** shall be regarded as receipt by my bank or building society.

Signature of Account Holder _____ Date _____