ONE

DEBIT ORDER AUTHORITY

INSURED DETAILS

Insured	
Street address	
Postal Address	
Business Type	
Contact Person	
Tel No	
Cell No	
Vat No	
Company Registration	
Policy No	
Debit Order Frequency	

BANK DETAILS

Bank Name	
Account Name	
Branch Name	
Branch Code	
Account Type	
Account Number	
Strike Date	
Date of First Debit	
Monthly Premium	

I/We hereby request and authorise One Financial Services Holdings (Pty) Ltd or it's nominee to draw against the above account with the above mentioned bank the amount necessary for payment of the monthly premium and fee due in respect of the above mentioned insurance. All such withdrawals from the above bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that:

1. Details of each withdrawal will be reflected on the bank statement of the above account with a prefix of MFRF ONE.
2. The Beneficiary of the premium is Mutual and Federal Risk Financing Limited (MFRF), with registered address; St Andrews Road, Wanooka Place, Parktown, 2001.
3. The obligation to ensure that the monthly premiums are received by the insurer remains with the insured despite the granting to the insurer of this debit order authority, and
4. Should the selected strike date fall on a weekend or public holiday the deduction will be done on the next business day, and
5. The amount deducted may differ from month to month due to changes I/we make to my/our policy.

ONE Insurance Underwriting Managers (Pty) Ltd Reg No. 1996/008987/07
Authorised Financial Services Provider FSP8783 VAT No. 4370160501

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ONE

I/We undertake to satisfy myself/ourselves from time to time that the amount necessary for payment of the monthly premiums due in respect of the above mentioned insurance are duly drawn by the insurer in terms of this debit order authority, and I/we record that your acceptance of this debit order authority in no way places any onus on you to ensure that the monthly withdrawals of the amount referred to herein are made. This authority shall continue in full force and effect until cancelled by the insured. I/we understand that I/we shall not be entitled to any refund of any amount which the insurer has withdrawn while this authority was in force unless, I/ we can prove that any such amounts were not legally owing to you.

I/We undertake that should my/our debit order details change, I/we will re-submit this authority with the new debit order details.

Signed at _____ on the _____ By _____ Designation _____

_____
Signature

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