

DEBIT ORDER AUTHORISATION FORM

(To be completed by applicant)

Policy details

Policy no.	<input type="text"/>	Tel no.	<input type="text"/>
Policy owner	<input type="text"/>	Cell no.	<input type="text"/>
Name of insured	<input type="text"/>		
Email	<input type="text"/>		

Banking details

Hollard Life will only process policies where payment is by debit order. Payments by credit card or cash are not accepted.

Account holder	<input type="text"/>		
Bank	<input type="text"/>		
Branch	<input type="text"/>		
Branch code	<input type="text"/>		
Account no.	<input type="text"/>		
Account type	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Preferred debit date	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>	Premium amount	<input type="text" value="R"/>

Signature of policy owner

I authorise Hollard Life to draw the regular premium amount against this account. This authorisation is to remain in force until terminated by Hollard Life or myself. I accept that Hollard Life may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Hollard Life is entitled to track my account and present the instruction for payment as soon as sufficient funds are available.

Signature (policy owner)	<input type="text"/>	Date	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>
Signature (account holder)	<input type="text"/>	Date	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>

NOTE:

1. In instances where debit order requests have already been submitted to your bank for collection, the above changes/request will be only effective for the following month's premium deduction.
2. This does not constitute a collection instruction. For arrear premiums please call 0860 000 011 to make payment arrangements.
3. Bulk debits can be arranged. This is where individual policy premiums from the same bank account are collected in a once-off debit. This will take up to a maximum of 45 days to come into effect.