



8. DEBIT ORDER INSTRUCTIONS		Quote no:			
Name of Insured					
				Date:	D D M M Y Y
Address					
The details of my/our bank account are as follows:					
Bank			Branch/Town		
Branch code			Account holder		
Account number					
Type of account:	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Other (Specify)
<p>I/we the undersigned hereby authorise Auto & General to deduct premiums from the account mentioned above on the _____ working day (or closest thereto) of each and every month. This being the amount necessary for the payment of the monthly premium due to Auto & General in respect of the insurance policy.</p> <p>The premium will be collected by I.S. Services (Pty) Ltd on behalf of Auto & General.</p> <p>This authority may be cancelled by either party providing thirty days notice to the other.</p>					
Signed at _____ on this _____ day of _____ 2014.					
Signature: _____					