



Lynx Heavy Commercial Vehicle Underwriters (Pty) Ltd

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An Authorised Financial Services Provider FSP No. 2880, Underwriting Agency for GENRIC Insurance Company Limited

## DEBIT ORDER AUTHORITY

1. I/We hereby authorise Lynx Heavy Commercial Vehicle Underwriters (Pty) Ltd (Lynx HCV) to debit the undernoted account monthly and directly credit the account of the Insurer (as selected by them) with the insurance premium calculated by them for the Policy.

2. Payee's Account:

|                 |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------|--------------------------|--|--------------------------|--|--------------------------|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured         |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Holder  |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| Bank Name       |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch Name     |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| Branch No.      |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| Account No.     |                          |  |                          |  |                          |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Type    | Cheque                   |  | Savings                  |  | Transmission             |  | Other                     |  |  |  |  |  |  |  |  |  |  |  |  |
| Collection Date | 1 <sup>st</sup> of Month |  | 4 <sup>th</sup> of Month |  | 7 <sup>th</sup> of Month |  | 15 <sup>th</sup> of Month |  |  |  |  |  |  |  |  |  |  |  |  |

3. I/We understand that any change made by me/us in terms of the word policy will automatically authorize Lynx HCV to adjust the premium debit according to their calculations without prior notice thereof to me/us.

4. I/We understand that:

- a. Notwithstanding this debit order authority, the onus rests on me/us to ensure that the premium is paid and that I/we shall check my/our bank statements regularly to ensure that my/our insurance premium is paid.
- b. The premium is collected directly into the bank account of the Insurer.

5. This Debit Order Authority shall remain valid and operative until it is cancelled by me/us by written instructions to Lynx HCV. Premiums that are deducted after receipt of such cancellation shall be refunded.

6. I/We agree to advise Lynx HCV of any change in my/our banking details to ensure that deductions continue as I/we understand that non-payment of the premium cancels the insurance cover.

Signature of Account Holder: \_\_\_\_\_

|             |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|
| Date Signed | D | D | M | M | Y | Y | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

Signature of Insured: \_\_\_\_\_

|             |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|
| Date Signed | D | D | M | M | Y | Y | Y | Y |
|-------------|---|---|---|---|---|---|---|---|

## OFFICE USE

|          |   |   |   |   |   |   |   |   |           |  |
|----------|---|---|---|---|---|---|---|---|-----------|--|
| Captured | D | D | M | M | Y | Y | Y | Y | Signature |  |
|----------|---|---|---|---|---|---|---|---|-----------|--|