

Debit Order Authority Form



To be compliant with PASA regulations, please complete the fields below, in full, and return the signed copy to your broker. The contact information is contained in your policy documentation's "Disclosure Notice" section under "Local branch details". If your debit order details change, please re-submit the PASA annexure form, to ensure your policy remains PASA compliant. Please keep a copy of the signed document for your own records.

I, the account holder, hereby authorise Qsure, on behalf of Old Mutual Insure, to deduct my monthly instalment from my account.

Policy Number(s): _____

Insured Name: _____

Telephone Number(s): _____

Fax Number: _____ Email: _____

1. The name of your Bank or Financial Institution:

Name: _____

Branch: _____

2. The code of bank – see top right hand corner of cheque:

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3. Account Number:

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4. Type of Account (please tick appropriate box):

Cheque Transmission Savings

5. Payers Account Name: _____ Signature: _____

Debit Order Date: _____ Date (dd/mm/yyyy): _____

NB: The banking details for the policy number(s) specified in this form will be amended in accordance with this request.

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.