

Debit Order Authority Change Request

PRINCIPAL INSURED DETAILS

Full names	<input type="text"/>	
Surname	<input type="text"/>	
Identity number or date of birth	<input type="text"/>	
Policy number	<input type="text"/>	Cellphone number <input type="text"/>
E-mail address	<input type="text"/>	

DEBIT ORDER AUTHORISATION

I hereby authorise Zestlife to issue payment instructions to its bank to collect the monthly premium due by debit order from my bank account on condition that the sum of such payment instruction will never exceed my obligation in terms of this application. The debit order will be collected every month on the debit order collection date selected below. In the event that this collection day falls on a Sunday or recognised South African public holiday, the collection day will automatically be the following ordinary business day.

I acknowledge that this authority may be ceded or assigned to a third party by Zestlife or the Insurer, only if the Policy is transferred to another Insurer or administrator, but in the absence of such transfer this debit authority cannot be assigned to any third party. I understand that the payment instruction will be processed through a computerised system provided by the South African Banks. I shall not be entitled to any refund of amounts which Zestlife has collected while this debit order authority was in force, if such amounts were legally owed to Zestlife. This authority may be cancelled by giving Zestlife notice of not less than 31 days.

Full name of account holder	<input type="text"/>		
Surname of account holder	<input type="text"/>		
Identity number of account holder	<input type="text"/>		
Bank name	<input type="text"/>		
Branch name	<input type="text"/>	Branch code	<input type="text"/>
Account number	<input type="text"/>	Account type	<input type="text"/>
Date of first debit order collection	<input type="text" value="DD/MM/YYYY"/>	Debit order collection day	<input type="text"/>

Signed at _____ on this _____ day of _____ 20 _____

Authorised signature of bank account holder _____