GL Broking Enterprises c.c.
(CK 93/07502/23)
T/As

GARY LEECH
Insurance Brokers

A Member of the
G. L. *Group of Companies*

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Glenwood
Durban
4001
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WRITTEN AUTHORISATION AND MANDATE FOR DEBIT ORDER INSTRUCTION

DEBIT ORDER AUTHORISATION FORM

The bank account reference will reflect on your monthly bank statement to enable you to identify the Debit Order and will be added to this form before the issuing of any payment instruction. This reference may only be changed upon 30 days written notice.*

This signed mandate and authority relates to the insurance contract (referred to as "the Agreement") signed by you with the client customer account code ____ *(insert this code)*.

I, _____ hereby authorise Fulcrum Collections on behalf of Gary Leech Insurance Brokers to debit my account, as stated below, on the ____ of the month.

SIGNATURE

Name: _____

Designation: _____

Signature (Duly Authorised): _____

Date: _____

Name of Account Holder:	
Address of Account Holder	

Account Number:	
Name of Bank:	
Branch Code:	
Type of Account *(Current (Cheque) / Savings / Transmission)*	
Amount *This amount may vary each month due to a) annual increase b) costs incurred where debit orders are returned unpaid c) changes that you make to the Agreement.*	*R* *This fee will fluctuate from month to month in accordance with agreed fees and rates as detailed in the Agreement, but shall not exceed the totality of obligations as detailed in the Agreement.*
First Payment Date	_ _ / _ _/ _ _ _ _
Frequency of debit	
Termination date	*Upon cancellation or lapse of the Agreement.*
Beneficiary/ User	*Fulcrum*
Beneficiary's/ User Address:	1st Floor Lacey Oak House, Ballyoaks Office Park, 35 Ballyclare Drive, Bryanston.
*Bank Account Reference * this will reflect on your bank statement*	GLBROKING / PREMIUMCOL

AUTHORITY

I hereby authorise Gary Leech Insurance Brokers and/or its authorised agents and/or cessionary to draw against the above (my) account (or any other Bank to which I may transfer my account) the amount necessary for payment of the amount payable by myself in terms of the Agreement.

I agree that the first payment instruction will be issued and delivered on the first payment date and thereafter regularly, until the termination date, and according to the Agreement. Each individual payment instruction may not differ other than as agreed to in terms of the Agreement In the event that the payment day falls on a weekend, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

This Authority shall remain in force until cancelled by giving 30 (thirty) days' notice in writing to Gary Leech Insurance Brokers and/or its authorised agents and/or cessionary.

I acknowledge and consent that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party and I am notified accordingly.

CANCELLATION

I acknowledge that cancelling this Authority does not cancel the Agreement. I agree that in the event of cancellation, I am not entitled to any refunds of any amount withdrawn by (*Gary Leech Insurance Brokers* and/or its authorised agents and/or cessionary while this Authority is in force, if amounts were legally owed.

MANDATE

I acknowledge that all payment instructions issued by Gary Leech Insurance Brokers and/or its authorised agents and/or cessionary shall be treated by our above-mentioned Bank as if the instruction has been issued by me.