



# Success Brokers PTY(LTD)

An Authorised Financial Services Provider No:13966

## DEBIT ORDER AUTHORIZATION FORM

1. I, \_\_\_\_\_ the undersigned requests: Success Brokers (Pty) Ltd (the Company hereafter) to draw against my bank account (wherever it may be), in any manner agreed on between the Company and my bank the amount necessary for payment of the items indicated below.
2. My Bank (whichever it is or will be) to debit my account with any debits drawn against it by the Company in favour of the Company and to treat each one as it had been signed by me personally. I undertake against the said bank that I shall regard receipt by the Company of this request as receipt by the bank.

I understand that either I or the Company may at any time cancel these arrangements in writing in respect of any or all of the items indicated, but that such cancellation will have no effect on any withdrawals already made by the Company and the bank in accordance with this request. I further understand and undertake that the Company will receive all payments in terms of this request without prejudice to its rights.

a. Premiums as and when payable in respect of the following policies or policy

\_\_\_\_\_

b. Or other such amounts which may finally become payable in respect of policies issued in my name or in the name of

\_\_\_\_\_

c. This request applies to amounts payable from as from \_\_\_\_\_ 20\_\_\_\_\_

I undertake that should the bank for any reason reclaim from the company any amounts validly paid to the Company in terms of this request and decide to pay such amounts over to me, I shall refund such amounts to the Company and that the amounts so paid or so to be paid to me by the bank shall be applied to such refund.

ACCOUNT HOLDER : \_\_\_\_\_  
 BANK : \_\_\_\_\_  
 BRANCH NAME : \_\_\_\_\_  
 BRANCH CODE : \_\_\_\_\_  
 ACCOUNT NUMBER : \_\_\_\_\_  
 TYPE OF ACCOUNT : Current (Cheque) / Transmission / Savings (Delete where N/A)

Signed At:	On this	Day of	20
Client Name (Print)	Signature:		
I.D. Number:			
Witness (Print name):	Signature:		
I.D. Number:			

Company is the payer, the full name must be provided and if an authorised official (whose status must be quoted) must sign here. The Company's seal (if any) must also appear on this request and in the case of minors and married women where the husband's marital power has not been excluded.

<b>OFFICE USE ONLY</b>	Client Surname and Initials:	
	Account Number (if any):	
	Clearing Number:	

