DEBIT ORDER AUTHORITY

iTOO™
In association with Hollard.

Please answer **ALL** questions completely. Should any question or part thereof not be applicable, please state "N/A".
Should insufficient space be provided, please continue on your company letterhead

INSURED _____

POLICY NUMBER _____

NAME OF ACCOUNT HOLDER _____

NAME OF BANK _____

BRANCH _____

BRANCH CODE _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT Savings ☐ Cheque ☐ Transmission ☐

DATE OF DEBIT | Y | Y | Y | Y | M | M | D | D |

We, the Insured, have elected to pay the Annual Premium by monthly instalment, and authorise iTOO to debit the above bank account (or any other bank to which we may transfer our account). The amount of the debit may vary from time to time to reflect any changes in cover or premium.

We accept and agree to the following:

1. The monthly instalment shall be payable on the debit date reflected above.
2. In the event Hollard does not receive the monthly instalment for any reason whatsoever, then a double debit will be made the following month. Should this fail then the cover shall, notwithstanding anything to the contrary contained in the policy, be deemed to have been cancelled from the end of the last month for which the premium payments were paid.
3. Reinstatement of the policy shall be at the sole discretion of Hollard.
4. Note that despite the payment of the premium by way of monthly instalments, this is an annual policy for which an annual premium is payable. Accordingly in the event of notification of any claim or circumstances that might lead to a claim during the Annual Period of Insurance for which any monthly instalment is unpaid then Hollard has the right to reject such claim. Should any payments have been made by Hollard on any such claims then such payments may be recovered from the Insured.

The provisions contained above form an endorsement to the policy to the extent that they are in force

Privacy

iTOO cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Name **(Account holder)** _____ Designation _____

Signature _____ Date | Y | Y | Y | Y | M | M | D | D |

Name **(Insured)** _____ Designation _____

Signature _____ Date | Y | Y | Y | Y | M | M | D | D |

3 October 2021

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