



## Franco Bottari & Associates <sup>CC</sup>

SPECIALIST SHORT TERM INSURANCE BROKERS

### DEBIT ORDER AUTHORITY

*If you wish to pay your insurance premium by monthly debit order, please complete this form and return it together with a cancelled cheque or photocopy of your transmission or savings account.*

Name of Insured:	
Postal Address:	
Street Address:	
Contact Person:	
Telephone No.:	
Email Address:	

Name of Account Holder:	
Name of Bank:	Name of Branch:
Account Number:	Branch Code:
Account Type:	<b>Current</b> <b>Transmission</b> <b>Savings</b>

I / We authorize Franco Bottari and Associates, to draw on my / our account at the under mentioned institution in any manner agreed on between Franco Bottari and Associates and such institution, the amount of the premium payable, and request the aforesaid institution to debit my / our account with all debits drawn against it by Franco Bottari and Associates.

All such withdrawals from my / our bank account by Franco Bottari and Associates shall be treated as though they had been signed by me / us personally.

I consent to the Franco Bottari Debit Order Fee as indicated on the quotation and policy schedule, already included in the total monthly premium to be deducted from my account. The fee will be charged based on configuration of multiple products which we have compounded into a single policy to save on debit order charges.

I give consent for the debit order authorization on my account.

I consent to the Franco Bottari Debit Order Fee.

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**AUTHORISED SIGNATURE**

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**DATE SIGNED**



(031) 764 0580



lara@bottari.co.za