DEBIT ORDER AUTHORISATION

FULL NAME OF PAYEE / ACCOUNT HOLDER:

_____

ACCOUNT NAME (IF DIFFERENT FROM ABOVE):

_____

POLICY/QUOTE NUMBER:

_____

NAME OF BANK:

_____

ACCOUNT NUMBER:

_____

BRANCH CODE:

_____

TYPE OF ACCOUNT: | CURRENT | TRANSMISSION | SAVINGS |

I, the undersigned, hereby authorise Quantum Liability Underwriting Managers or its nominee, to withdraw amounts against my bank account (as indicated above) amounts in accordance with and as specified by the insurance agreement. (Please attach proof of banking details as verification of valid account.)

DEBIT ORDER DATE: | 1st | 7th |

NAME:

_____

SIGNATURE:

_____

DESIGNATION:

_____

DATE:

_____