



Premium credit facility scheme

Request for debit of account



Zurich Insurance Company South Africa Limited
 Registration number: 1965/006764/06 VAT number: 4530103581
 70 Fox Street, Johannesburg, 2001
 PO Box 61489, Marshalltown, 2107
 Authorised Financial Services Provider

Name of applicant: _____ Postal address: _____ _____	For office use
	Client no. _____ PCF: _____

Request to debit my/our account

From: Name: _____
 Address: _____
 _____ Date: _____

To: Zurich Insurance Company South Africa Limited
Re: My/our application for premium credit facility
 The details of my/our current cheque account are as follows:

Bank: _____
 Branch name and town: _____
 _____ Account number: _____

I/We hereby request you to draw against my/our current account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account), the amount necessary for payment of the monthly instalment due in respect of the abovementioned facility on or shortly after the **28th** day of each and every month commencing.....
 I/We authorise my/our bank, which ever it is or will be, to debit my/our account with the amount debited by you in terms of my/our request.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as the Magtape Service and I/we also understand that if my/our account is computerised I/we will not receive any voucher, but details of each withdrawal will be printed on my/our bank statement.

This request may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post.
 Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at _____ on this _____ day of _____

 Signature(s) as used for signing cheques

Assisted by: _____ Capacity: _____

NOTE: A cancelled cheque must be attached for bank identification purposes.