



Tel No. (011) 789 2542 Fax No. (011) 789 4525

RMI Subscription Payment Option

Administered by Insurance Outsourcing Managers (Pty) Ltd ("the Administrator")
Tel No. (011) 449 6800

RETAIL MOTOR INDUSTRY ORGANISATION
(PRINCIPAL)

Region: _____

MEMBER DETAILS

Company Trading Name:	
Postal Address:	Membership No:
	Contact Person:
	Tel. No:
Postal Code:	Fax No:
	Cell No:

DEBIT ORDER AUTHORITY

Name of Account holder: _____

Name of Bank: _____

Name of Branch: _____

Branch Code: - -

Account Type: Current Savings Transmission

* *Please note we are unable to accept monthly cash payments or process payments via a credit card account.*

Account Number:

Acknowledgement and Authority

I/We hereby request a monthly payment option in respect to the annual subscriptions and/or membership fees due to the Retail Motor Industry Organisation ("the Principal"). I/We hereby acknowledge that the Principal reserves the right, without notice to me/us, to cede, assign or discount my/our payment obligations to the Administrator and/or their authorised agents.

I/We hereby authorise the Principal and/or the Administrator and/ or their authorised agents to draw against the above account (or any other Bank to which I/We may transfer my/our account) the amount necessary for the payment of the subscriptions and/or membership fees which may from time to time become payable by me/us to the Principal and/or the Administrator and/or their authorised agents as the case may be. The amount of the debit may vary from time to time to reflect any changes in renewal of subscriptions and/or membership fee rates and/or market related charges and/or payment obligations. If my/our Bank should, for any reason, reclaim from the Principal and/or the Administrator and/ or their authorised agents any of the amounts paid in terms of this Authority, I/We undertake to refund such amounts in full. I/We agree that in the event of any debit order not being met by my/our Bank the monthly payment option granted to me will be cancelled but my liability in respect of the balance of subscriptions and/or membership fees will remain unaffected. This Authority shall remain in force until cancelled by me/us by giving 30 (thirty) days notice in writing to the Principal and/or Administrators and/ or their authorised agents and I/We understand that I/We shall not be entitled to any refund of amounts withdrawn while this Authority was in force if such amounts were legally owing. Receipt of this debit order Authority by the Principal and/or Administrator and/ or their authorised agents shall be regarded as receipt thereof by the Bank.

Account Holder's Signature/s:

(who warrants that he/she is
duly authorised hereto)

(who warrants that he/she is
duly authorised hereto)

Date

NB: KINDLY ATTACH A CANCELLED OR USED CHEQUE - FOR VERIFICATION OF BANK DETAILS