

MONTHLY PAYMENT

Direct Debit Authorization Form

Name of Party to be credited		
NAVIGATOR INSURANCE BROKERS LTD.		
Bank No.	Branch No.	A/ C No. to be credited
004	598	002061002
<p>I/ We hereby authorize my/ our below named Bank to effect transfers from my/ our account to that of the above named beneficiary in accordance with such instructions as my/ our Bank may receive from the beneficiary from time to time.</p> <p>I/ We agree that my/ our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/ us.</p> <p>I/ We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/ our account which may arise as a result of any such transfer(s).</p> <p>I/ We agree that should there be insufficient funds in my/ our account to meet any transfer hereby authorized, my/ our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week written notice.</p> <p>This authorization shall have effect until further notice.</p> <p>I/ We agree that any notice of cancellation or variation of this authorization which I/ we may give to my/ our Bank shall be given at least two working days prior to the date on which such cancellation/ variation is to take effect.</p>		
Proposer Bank details		
My/ Our Bank Name and Branch		
Bank No.	Branch No.	My/ Our A/ C No.
Account Holder(s)	My/ Our Address	
My/ Our Authorized Signature(s)		
Debtor' s Reference (For Office Use Only)		
For Bank Use Only	Signature(s) verified	
<p>Please sign the form, as well as alterations, if any, in the usual way that you would sign on your bank account.</p> <p>The liability of the insurance company does not commence until this Proposal is accepted by the Company and the premium collected</p>		