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| --- | --- | --- |
| HR159 | **DEBIT ORDERRetirees**  | whitebacklogo |

NOTES

* Forms must be downloaded from the UCT website: <http://forms.uct.ac.za/forms.htm>
* Complete this form if you have elected to continue membership of the UCT separate Group Life Assurance scheme (separate death cover).
* This form is also used if your bank details, associated with an existing debit order, have changed.

##### PERSONAL DETAILS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff Number |  | Status | Retiree |  |  |
| Surname |  |
| First names (in full) |  |

##### BANK DETAILS

|  |  |
| --- | --- |
| Account holder (name) |  |
| Bank name |  |
| Branch name |  | Branch code |  |
| Account number |  | Account type (e.g. savings, current, cheque) |  |
| Account holder signature |  |

##### BANK VERIFICATION (This section must be completed by the bank)

|  |  |
| --- | --- |
| Checked by (name of Bank official) |  |
| Telephone number |  | Fax number |  |
| Official stamp of the Bank |  |
| I have verified that the above account will accept mag type debit. |
| Signature (Bank official) |  | Date |  |

##### ACKNOWLEDGEMENT OF DEBT AND AUTHORISATION BY REQUESTER

|  |
| --- |
| * I, the undersigned, hereby acknowledge my indebtedness to my employer in respect of the costs related to my UCT Separate Group Life Assurance contributions (separate death cover).
* I hereby authorise my employer to debit the above-mentioned account each month with the premium/s due by me.
 |
| * I understand that these costs will be debited from my bank account on the
 |  | of the month or the last working  |
| day before this date if it should fall on a weekend or public holiday. |
| * If the value of the contribution is increased, the debit order amount will be updated automatically.
* I undertake to contact my employer immediately should my debit order reject in order to arrange settlement of the arrears.
* I understand that where a bank debit for the separate Group Life Assurance contribution rejects more than twice, my cover will be cancelled. The outstanding premiums will still be for my account and must be settled immediately.
 |
| Signature (Requester) |  | Date |  |

##### REQUIRED ATTACHMENTS

|  |
| --- |
| * Copy of identity document (main member and the account holder).
* Bank statement or Letter of confirmation from the bank (not older than 3 months).
 |

# COMPLETING A DEBIT ORDER FORM

HR159

## When do I complete this form?

This form must be completed if you have elected to continue your membership of the UCT Separate Group Life Assurance scheme (separate death cover). This form is also used if your bank details, associated with an existing debit order, have changed.

## What documents do I need to attach?

* Copy of identity document (main member and the account holder).
* Bank statement or letter of confirmation from the bank (not older than 3 months).

## Where do I send this form?

* For Group Life Assurance contributions: The completed form, including any required attachments, should be submitted to the Benefits & Exits Officer (Room 117, Human Resources, Bremner Building).