DEBIT ORDER FORM

In respect the following policies:

_____

_____

I authorise .... to debit the premium to my bank account and to vary such debits from time to time to reflect any change in cover, risk, sum insured, policy rates or nominated insurer.

Choice of payment:

Annually		Monthly	

Name of Account Holder:	
Bank Name:	
Branch Name:	
Branch Code:	
Account Number:	
Type of Account:	

_____   _____

Account Holder Name   Signature

Date: _____