

Debit Order Authority Form

(Please print clearly)

Name of Insured: _____

Policy number of Insured _____

Name of account holder _____

Name of bank _____

Branch name _____

Branch number

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Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of account

Cheque

☐

Savings

☐

Transmission

☐

NB: Please attach a cancelled or used cheque or bank verified confirmation of banking account details.

Please note that the debit order reference on your bank statement will be for MultidforSHA
I, the undersigned authorise Stalker Hutchison Admiral (Pty) Ltd 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 or policy rates.

Name of authorised signatory _____

Signature _____

Date

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