

5. Payers Account Name:

Debit Order Authority

Please complete the following to enable Smit and Kie to debit your bank account for the collection of your monthly premiums.

1. The	Name of Your Bank
	Name:
	Branch:
2. Bra	nch Code of Bank See Top Right Hand Corner of Cheque
3. Acc	count Number
4. Typ	oe of Account (Please Tick the Appropriate Box)
	Savings
	Cheque
	Transmission Account
	Other (Specify):
	(-I)).

Full Name:	Signature:
Date:	Signed At: