



Cooke Fuller Group

INSURANCE BROKERS & FINANCIAL ADVISERS

Authorised Financial Services Provider

DEBIT ORDER INSTRUCTION

(Please print)

Name of account holder:

Address of account holder:

Bank:

Branch & code:

Account type:

Account number:

I/We the undersigned request and authorise **Cooke Fuller Risk Benefits (Pty) Ltd** to draw against my/our banking account the amount necessary for payment of the monthly premiums and fees in respect of the Written Insurance Policy.

Signed at _____ on this _____ day of _____ 20 ____

Payer/Insured: _____ Witness: _____