

EFT AUTHORISATION

I/We request that payments due to me/us be made by means of electronic funds transfer. Please credit the following account with any payments due:

Account number _____ Name of branch _____
Account holder's name _____ Branch code _____
Name of bank _____

Signed at _____ on this _____ day of _____ 20 _____

Insured's signature _____

Witnesses:

1. _____

2. _____

UNKNOWN-CRAEATIVES.tech

INITIAL
