



## Ensuring Dignified Soul Rest

An Authorized Financial

Tel: 013 591 0056 • Fax: 086 608 1514

Service Provider

49 West Street

FSP No: 46991

Middelburg • 1050

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joexulu@gmail.com

www.soulrestfunerals.co.za

### STOP ORDER INSTRUCTION

I, (Full names) .....

ID Number.....hereby instruct Soulrest Funerals to withdraw from my bank account the amount required to satisfy the premium requirements for my funeral cover and continue until notice of cancellation is given in writing. Notice shall be 30 days. Premiums will be collected by ACB Magnetic Service and be reflected on my bank statement. All such withdrawals by you shall be treated as though they have been signed by me personally. I agree to pay bank charges relating to this debit order instruction.

Bank..... Branch.....

Account No..... Branch code.....

Account Type.....

Payers Signature.....

Signature (s).....

Signed at.....On The..... Day of.....20.....

NOTE: -

A second signature will be required for joint accounts or in case of a minor where a legal guardian must assist.

I therefore authorise \_\_\_\_\_ bank to debit the above mentioned amounts and pay into the Soul Rest account. The account is as follows.

ACCOUNT HOLDER NAME	Soul Rest						BANK					First National Bank(FNB)	
BANK ACCOUNT NUMBER	6	2	5	8	2	1	5	6	6	1	0	BRANCH CODE	270150
AMOUNT TO BE DEDUCTED 1 <sup>st</sup> MONTH													
AMOUNT TO BE DEDUCTED 2 <sup>ND</sup> AND SUBSEQUENT MONTHS													
DATE ON WHICH DEDUCTIONS TO BE MADE													
REFERENCE NUMBER													