

Date / /

DIRECT DEBIT FORM for SUREPLAN FAMILY FUND FUNERAL INSURANCE

Insert name and address		
of financial institution at which your account is held		
nsert your name in full	I/We	
	Given Names	
	further notice in writing, to debit my/our account described in Friendly Society Ltd User ID 064834 may debit or charge me,	
1. The financial	and acknowledge that: institution may, in its absolute discretion, determine the orde of any monies pursuant to this request or any authority or m	
	institution may, in its absolute discretion, at any time by noti- request as to future debits.	ce in writing to me/us,
	by prior arrangement and advice to me/us, vary the amount	or frequency of future debits.
Customer Signature	(S)(If joint accou	nt all signatures may be required)
Customer Address		
	Pc	ost Code
OUR ACCOUN	IT DETAILS	
BSB Number	Account Number	
Note: Direct debiting is not a	vailable on the full range of accounts. If in doubt, please r	refer to your financial institution.
Quarterly deductions will occ Six monthly deductions will oc	place on the I st working day of each month ur on the I st working day of January, April, July & October ccur on the I st working day of January & July on the I st working day of January	Insert Member ID or Roll No. (if known)
Frequency of Deduction Month	nly 🔲 Quarterly 🔲 Six Monthly 🔲 Annual	ly
Office Use Only:		

