

# CLIENT SERVICES UNIT PAYMENT AMENDMENT FORM

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Membership Number

Date:

Member's Name

Telephone Number

Email Address

## PAYPOINT DEBIT INSTRUCTION

Employer

Address

Town

Region

Staff ID No

Monthly Contribution

## MANDATE

I, the undersigned hereby authorise the accountant to deduct the stated contribution amount from my salary and remit the payment to FAMILYCARE FUNERAL TRUST LTD.

Signature of Client

Date

## BANK DEBIT ORDER INSTRUCTION

Name of Bank

Branch

Type of Account          Current          Savings

Account Name

Account Number

Total Contribution

I, the undersigned, hereby authorise FAMILYCARE FUNERAL TRUST LTD. to deduct the stated contribution amount from my bank account.

Signature of Client

Date

## MOBILE MONEY PAYMENT INSTRUCTION

I, the undersigned hereby agree to make my monthly contribution payment to FAMILYCARE FUNERAL TRUST LTD. through their approved mode of receiving the payment

Signature of Client

Date

## OFFICE USE ONLY

Handled By

Signature

Date