



# Bouquet Pre-Paid Funeral Authorisation Form

APPENDIX 2

I \_\_\_\_\_: Policy Holder/Guardian

Authorise payments of \$\_\_\_\_\_

FREQUENCY:

Weekly/Fortnightly/Monthly (Circle One)

Payment Start Date: \_\_\_\_\_ Payment End Date: \_\_\_\_\_

ACCOUNT DETAILS:

KIWIBANK: SINCERE FUNERAL SERVICES:

3	8		9	0	1	6		0	6	6	7	8	7	1		0	0
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*Office Use Only:*