

Banker's Order

To:	
<input type="checkbox"/>	RBC
<input type="checkbox"/>	Republic Bank Limited
<input type="checkbox"/>	First Citizens Bank
<input type="checkbox"/>	The Bank of Nova Scotia Trinidad & Tobago Limited
<input type="checkbox"/>	Citibank (Trinidad & Tobago) Limited
<input type="checkbox"/>	Other (Please Specify) **

Note
Please fill out form
clearly in block text
or typed.



A member of the CL FINANCIAL GROUP

Please debit the indicated amount from Account # indicated and remit the monies to British American Insurance Co. Ltd at the Head Office - 11-13 Fifth Street, Barataria.

Bank Account #:	Bank Branch or Name of "Other" Institution **
<input type="text"/>	<input type="text"/>

First Name:	Last Name:
<input type="text"/>	<input type="text"/>

Starting Date dd/mm/yy:
<input type="text"/>
Dollars: <input type="text"/> Cents <input type="text"/>
Frequency:
<input type="checkbox"/> Single Deduction only
<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually
<input type="checkbox"/> Annually

British-American Offices:
<input type="checkbox"/> Port of Spain
<input type="checkbox"/> San Fernando
<input type="checkbox"/> Tobago
<input type="checkbox"/> Tunapuna
<input type="checkbox"/> Head Office
<input type="checkbox"/> Chaguanas

POLICY NO:
<input type="text"/>

Date:
<input type="text"/>

Signature:
<input type="text"/>

FOR OFFICE USE ONLY	
POLICY #	AMOUNT
TOTAL	