



**DEPARTMENT OF EDUCATION
 FINANCIAL ACCOUNTING
 PRIVATE BAG X20565
 BLOEMFONTEIN
 9300**

CANCELLATION OF STOP-ORDER AUTHORITY

I, the undersigned:

- A) Surname:
- B) Full names:.....
- C) Persal:.....
- D) Cell number:.....

Hereby give authority for the cancellation of the below mentioned policy stop-order/s:

	COMPANY NAME	POLICY NUMBER	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SIGNATURE:.....

DATE:.....

PLEASE NOTE WELL: Thirty (30) days' notice will be given for the cancellation of deduction authorization.

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