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|-------------------------|--|
| Bank Name | |
| Branch/Town | |
| Branch Number | |
| Account Name | |
| Account Number | |
| Type of Account | |
| Email Address | |
| Telephone Number | |

DEBIT ORDER INSTRUCTION

I/We hereby request, 'instruct' and authorize SA Academy of Family Physicians to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) 'the amount necessary for the payment of the yearly/monthly instalment/premium due in respect of the abovementioned agreement/insurance' to commence on the 1 April 20 every year and continuing (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

| | |
|----------------------------|---------------------------|
| Monthly Debit Order | Yearly Debit Order |
|----------------------------|---------------------------|

I/We understand that the withdrawals hereby authorised will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you a thirty-day notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing/s against my/our account may not cede or assign any of its rights to any third party without my/our prior consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without the prior written consent of the authorised party.

Signed on this day of20.....

.....
PRINT NAME

.....
SIGNATURE AS USED FOR SIGNING CHEQUES

.....
ASSISTED BY
(Where legally necessary)

.....
CAPACITY

NOTE:

A cancelled cheque should be attached for bank identification purposes. (Current Accounts only.)
The User may add to the above minimum requirements.