



## Bank Debit Order Instruction

### Patient Information

Date:

dd/mm/yyyy

Name & Surname

Mr

Mrs

Ms

File Number

First Month

Email

Amount Paid

Telephone

Paid By

Cash

Card

Name (Debtor)

Address

Debit Amount

Commencement

dd/mm/yyyy

Postal Code

Abbreviated name as registered with bank:

DR GA FOURIE

### Banking Details

Bank

Branch

Branch Number

Account Name

Account Number

Type of Account

Savings

Current

Transmission

Signed at

on this

day of

20

Signature

FOR OFFICE USE ONLY  
Contract Number



This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I/We hereby authorise you to issue and deliver payment instructions to the bank for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on the commencement date and continuing for 12 months, at which point this Authority and Mandate may be terminated by me/us by giving you notice in writing of no less than 20 ordinary working days and sent by prepaid registered post or delivered to your address as indicated on the previous page.

The individual payment instructions so authorised to be issued, must be issued and delivered as follows.

On the 1st day ("payment day") of each and every month commencing on  .

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my/our account and re-present the instruction for payment as soon as sufficient funds are available in my/our account.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you, should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

#### **Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

#### **Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us after 12 months, such cancellation will not cancel the Agreement. 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.

#### **Assignment**

I/We acknowledge that this Authority may be ceded to or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at  on this  day of  20  .

Signature