

BOTSWANA MEDICAL AID SOCIETY

COMPANY DEBIT ORDER AUTHORISATION FORM SERIAL No.....

A. Member Information

Name of Company:.....

Company Number:..... Monthly Subscription:.....

Staff Representative:.....

Address:.....

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Telephone Numbers:

Work: (+267)..... Home: (+267).....

Cell: (+267).....

B. Banking Details

Bank Name:.....

Branch Name:.....

Branch Code:.....

Account No:

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Account Type:.....

C. Terms and Conditions

I / We hereby instruct and authorise Botswana Medical Aid Society to draw against my / our account with the above named bank, my / our monthly subscriptions on the day of each month commencing..... And continuing until further notice in writing from me / us. All such withdrawals from my / our account shall be treated as though they have been signed by me / us personally.

I / We authorise Botswana Medical Aid Society to automatically update the monthly subscriptions due to member changes and annual subscription adjustments without the need to sign new debit order authorisation forms.

This instruction may be cancelled by me / us by giving 30 days notice in writing, sent by registered mail or delivered to the society's offices, but i / we understand that / we shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society.

Receipt of this instruction by the Society shall be regarded as a receipt thereof by my / our bank.

Signature for signing cheques:.....

Date:.....