Once filled in please email the completed form and supporting documents to membership@bomaid.co.bw OR fax to +267 3184152/ 230 OR drop off at your nearest Bomaid office

Bomaid
The medical aid you can trust

Company Debit Order Authorization Form

COMPANY DETAILS - To be completed by company representative

Company Name	
Company Code	Monthly Subscription Rate: B W P -
Company Representative	
Company Email Address	
Postal Address	
Telephone Number	Cellphone 1
Fax Number	Cellphone 2

2. BANKING DETAILS - Direct Debit Authorization

Attach proof of company banking details for the debit order (i.e. Bank letter confirming banking details for the company OR company's latest bank statement)

Bank Name	
Branch Name	
Account Number	
Branch Code	Account Type

*I / We hereby instruct and authorise Botswana Medical Aid Society to draw against my / account with the above named bank / our monthly subscriptions on the (circle /underline the desired debit date) **1st 7th 21st 28th** day of each month commencing ..... and continuing until further notice in writing from me/us. All such withdrawal 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 subscriptions adjustment without the need to sign new debit order authorisation. This instruction may be cancelled by me / us by giving a 30 days notice in writing, sent by registered mail or delivered to the society's offices, but I / We understand that I / We shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society.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.*

Payer's Signature		Date signed	D	D	M	M	Y	Y	Y	Y