Bomaid
The medical aid you can trust

Company Debit Order Authorisation Form

Serial No:.....

1. MEMBER DETAILS - To be completed by the principal member

Name of Company	
Company Number	
Monthly Subscription	
Staff Representative	
Postal Address	
Home phone	
Work Phone	
Cell phone 1	
Cell phone 2	

2. BANKING DETAILS

Bank Name	
Branch Name	
Branch Code	
Account Type	
Account Number	

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 subscriptions adjustments 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but I / We understand that I / We shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society.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.

Signature	Date