

Member Debit Order Authorisation Form

Serial Number :

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

Name of Principal Member																														
Family Number (e.g m12347)											Healthplan eg B.																			
Health Plan (e.g M+)											Subscription Rate	P																		
Postal Address																														
Email Address																														
Home phone											Cell phone 1																			
Work Phone											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 theday of each month commencingAnd 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but I / We understand that I / We shall not be entitled to any refund of amounts which the Society may have already withdrawn while this authorisation was in force, if such amounts were legally owing to the Society.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