



HEALTH

DIRECT DEBIT INSTRUCTION FORM										
TITLE:	<input type="text"/>				INITIALS:	<input type="text"/>				
SURNAME:	<input type="text"/>				FIRST NAME:	<input type="text"/>				
ADDRESS:	<input type="text"/>									
TELNo./CELL:	<input type="text"/>									
INSTRUCTIONS										
<p>I hereby request, 'instruct' and authorise you to draw against my account with the below mentioned bank (or any other bank or branch to which I may transfer my account) the amount necessary for payment of the monthly amount due in respect of the DomestiCare agreement on 1<sup>st</sup> day of each and every month. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I understand that the withdrawals hereby authorised will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).</p>										
ACCOUNT DETAILS										
BANK:	<input type="text"/>									
BRANCH NAME:	<input type="text"/>									
BRANCH CODE:	<input type="text"/>									
ACCOUNT NUMBER:	<input type="text"/>									
TYPE OF ACCOUNT:	SAVINGS:	<input type="checkbox"/>	CURRENT:	<input type="checkbox"/>	TRANSMISSION:	<input type="checkbox"/>				
TRANSACTION DETAILS										
Provide details for direct debit transactions:										
PRODUCT PURCHASED:	DOMESTICARE:	<input type="checkbox"/>	R225.00	DOMESTICARE PLUS:	<input type="checkbox"/>	R250.00				
START DATE:	DDMMYYYY:	<input type="text"/>			MONTHLY AMOUNT* R	<input type="text"/>				
TERMS AND CONDITIONS										
<p>I acknowledge that the party hereby authorised to effect the drawing/s against my account may not be cede or assign any of its rights to any of its rights to any third party without my prior consent and the I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. *Subject to change in accordance with annual increase in February each year.</p>										
SIGNED AT:	<input type="text"/>			ON THIS:	<input type="text"/>	DAY OF	<input type="text"/>		20	<input type="text"/>
SIGNATURE:										
ASSISTED BY (WHERE LEGALLY NECESSARY)										
CAPACITY:										
FOR OFFICE USE ONLY										