SOUTH AFRICAN ACADEMY OF
FAMILY PHYSICIANS

Reg No: 80 07011/08

DEBIT ORDER INSTRUCTION

Specialist Family Physicians in Private [SFPP and SAAFP membership fees]

Personal details:

Name(s):	
Surname:	
Email:	
Tel no:	

Banking details:

Bank	
Branch name	
Branch Number	
Account Number	

Type of Account Current (Cheque) or Transmission

I/We hereby request, 'instruct' and authorize you to draw R460.00, [included SFPP and SAAFP membership] for a period of one year, against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) 'the amount necessary for payment of the yearly instalment/premium due in respect of the abovementioned agreement/insurance from …….... withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We 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/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you, thirty-day notice in writing or via email, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorised to affect the drawing/s against my/our account may not be cede or assign any of its rights to any of its rights to ant third party without my/our prior consent and the I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed …….on this …….. day of ……..

……
SIGNATURE AS USED FOR SIGNING CHEQUES

…….. ……
ASSISTED BY CAPACITY
(Where legally necessary)

NOTE:
Proof of banking details should be attached for bank identification purposes. (Current Accounts only).
The User may add to the above minimum requirements.