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# 3RD PARTY DEBIT ORDER CONSENT FORM

## A. MEMBER DETAILS

Member name & surname:

Membership number:

Identity or passport number:

## B. THIRD PARTY INFORMATION

Authority is hereby given by : (full name and surname of account holder)

Identity or passport number:  Relation to member:

Account Holder Tax ref no:

Address:

E-mail:

Contact number:

Bank:

Branch and code:  Account number:

Type of account: (tick appropriate box with a X) Current (Cheque) ☐ Savings ☐ Transmission ☐

Date:

In terms of the above-mentioned agreement, I/we hereby request and authorise Platinum Health to draw against my/our account with the above-mentioned financial institution (or any other bank or branch to which I/we may transfer my/our account) the minimum installment/premium due in respect of my/our contributions which currently amount to:

R \_\_\_\_\_ pm (amount in words \_\_\_\_\_)

Deductions will be made on the last day of each and every month commencing on \_\_\_\_\_ and continuing on a monthly basis. The deduction amount will be updated automatically when changes in contributions are announced.

To (name of beneficiary) **Platinum Health Medical Scheme**

Abbreviated Name as Registered with the Bank **Platinum Health**

Beneficiary's Address **3 6 Kgwebo road, Mabe Business Park, Waterfall East Rustenburg, 0299**

In the event that the payment day falls on a Sunday, or recognized South African Public Holiday, the payment day will automatically be the day prior to the last day of the month

I/We understand that the withdrawals hereby authorized will be processed through a Computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. I/We agree to pay any bank charges relating to this debit order instruction.

### C. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

### D. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force if such amounts were legally owing to you. If any refund is due to the member, it will be paid into this account number.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature as used for operating on the account)

\_\_\_\_\_  
(Assisted by)