



Private Bag X82081, Rustenburg, 0300 • Tel: (014) 590 1700 • zzzengagementofficemembership@platinumhealth.co.za • www.platinumhealth.co.za

DEBIT ORDER INSTRUCTION

1. Please complete the application form in PRINT with black ink and forward to Platinum Health as per e-mail above.
2. The main member must sign the form.

Medical scheme number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
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In terms of the abovementioned agreement I/we hereby request and authorise Platinum Health to draw against my/our account with the abovementioned financial institution (or any other bank or branch to which I/we may transfer my/our account) the minimum instalment/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

C	C	Y	Y	M	M	D	D
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and continuing on a monthly basis. The deduction amount will be updated automatically when changes in contributions are announced.

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

Details of each withdrawal by Platinum Health will be printed on my/our bank account and treated as though the authorisation has been signed by me/us personally. I/we understand that the withdrawals hereby authorised will be processed by computer through a system known as Cats Magnetic Tape Service, and that details of each withdrawal will be printed on my/our bank statement or on an accompanying voucher.

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

This authority may be cancelled by me/us by giving you 30 days' notice in writing, sent by prepaid registered post. I/we understand that I/we shall not be entitled to any refund of amounts which you withdrew while this authority was in place if such amount were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank or other financial Institution (whichever it is or will be).

Signed at _____ on this day of _____ 20 _____

Signature _____

Assisted by (where legally necessary) _____

Capacity _____