

healthCARD

A division of Dial Contact Centre (Pty) Ltd
Registration no: 2004/003709/07
VAT no: 4850214976

Boskruijn Office Park
President Fouche Drive
Boskruijn
P.O. Box 1555, Fontainebleau,
2032
Tel: 011 796 6464
Fax: 086 691 3665

CONTRIBUTION DEBIT ORDER REQUEST / CHANGE

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| SUBMISSION DETAILS: | FAX: 086 691 3665 / 011 801 2082 | EMAIL: info@healthcard.co.za |
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| MEMBER NAME: | | DATE REQUESTED: | |
| HEALTHCARD / ID NUMBER | | EFFECTIVE DATE OF AMENDMENT: | |
| DEBIT ORDER AMOUNT: | R | | |

BANKING DETAILS

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| BANK NAME: | | BRANCH NAME: | |
| ACCOUNT TYPE: | | BRANCH CODE: | |
| NAME OF ACCOUNT HOLDER: | | ACCOUNT NUMBER: | |

I understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service / Debit order / Multidata and I also understand that details of each withdrawal will be printed on my bank statement or on accompanying voucher.

I agree to pay any bank charges relating to this, ACB Magnetic Tape Service / Debit order / Multidata instruction.

This authority may be cancelled by me giving HealthCARD thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which the HealthCARD via Mercantile Bank Ltd has withdrawn while this authority was in force if such amounts were legally owing. Receipt of this instruction by HealthCARD shall be regarded as receipt thereof by my bank.

I further agree to advise HealthCARD in writing of any changes which may occur.

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| ACCOUNT HOLDER SIGNATURE: | |
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