



ATLANTIC

MEDICAL RESPONSE



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BANK DEBIT ORDER INSTRUCTION

Name (Debtor): _____ Date: _____
Physical Address: _____ Signatory Name: _____
_____ Contact Tel: _____
_____ Main Member: _____
Postal Address: _____

Dear Sirs / Madams

The details of my bank account are as follows:-

Bank _____ Account Name _____
Account No _____ Type of A/C _____
(savings, current, transmission)
Branch/Town _____ Branch No _____

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of _____ (state amount in words) or any variable amount pertaining to this agreement on the 1st/15th working day of the month. This being a **once off** amount necessary for the settlement of the monthly/yearly amount due to you in respect of our contract/agreement dated ____/____/____.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned "instruct" and authorize your Netchash (Pty) Ltd, to draw against my/our account. I/we also understand that details of each withdrawal will be printed on my/our statement.

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

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amount, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:

I/we acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that 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 authorized party.

Signed _____ on this day of _____ day of _____ 201__

SIGNATURE AS USED FOR SIGNING CHEQUES