



# PLATINUM HEALTH

Private Bag X82081, Rustenburg, 0300 • Tel: (014) 591 6600 • zzengagementofficemembership@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																										
From (main member)																										
Address																										
The details of my bank account are as follows:																										
Bank																										
Branch name and town																										
Branch code																										
Account number																										
Type of account	Cheque	Savings	Transmission																							

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.

**Should the last day of the month fall on a Sunday or Public Holiday, then the debit order will be deducted from my account on the Saturday.**

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