

AKIVA MEDICAL NPC
DEBIT ORDER AUTHORISATION FORM

A. AUTHORITY

Please Complete:

Given by (Name of Account Holder): (FOR A PERSON, INITIALS & SURNAME, ELSE ENTITY NAME)	
PERSONAL DETAILS	
ID Number or Company Reg. Number:	
Contact Number:	
E-mail Address:	
Address:	
Agreement Reference:	
BANK DETAILS	
Bank:	
Type of account: (CURRENT (CHEQUE)/ SAVINGS/ TRANSMISSION)	
Branch and code:	
Account number:	
DEBIT ORDER DETAILS	
Amount:	
Date (7th/ 25th):	
To (Beneficiary):	Akiva Medical NPC (2021/946061/08)
Abbreviated Name as Registered with Bank:	AKIVAMED
Address:	108 Sandler Road, Glenhazel, Gauteng, Jhb, 2192

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account), commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 30 ordinary working days.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:
on the ☐ 7th ☐ 25th day ("payment day") of each and every month. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

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

B. MANDATE

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

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

D. CESSION

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

Signature

FOR OFFICE USE

E. NUMBER

THE NUMBER IS _____