



Debit Order Form

NAU_____

Company Registered Name:	Dr JJ Naude Orthopaedic Specialist Inc	Abbreviated Name with bank:	NAUDEORTHO
Registration Number:	2021/655471/21		
Beneficiary's Address:	615, Diedrikkie Street, Monument Park, 0105		

A. Authority

Name of the account holder to debit:						
ID Number / Company Reg No.						
Contact Name:						
Domicile et executandi: (Address)						
Contact Numbers:	(C)		(W)			
Bank:				Type of Account:		
Branch Code:				Account number:		
Total amount:				Deduction period:	3 months	6 months
Amount to be deducted per month:	= Total amount ÷ Deduction period			Calculation:		
Debit order date:	15 th		30 th			

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

MBBCh (WITS) / FC Orth (SA) / MMed Orth (Pret)

PR 956996
MP 0734110
Vat no. 4190302457

UNITAS HOSPITAL

Suite 111,
Main Entrance Level 1,
866 Clifton Ave,
Centurion, 0163

WILGERS HOSPITAL

Suite 4 MRI Building
538 Denneboom Road
Wilgers,
Pretoria, 0040

NAU_____

Debit Order Form

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on (date)_____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**)

If 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.

Payment instructions due in December may be debited against my account on (date)_____.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also

understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and, if provided, should enable me to identify the Agreement. This number must be added to this form in Section E before issuing any payment instructions.

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 have been issued by me/us personally.

I/We agree to pay any penalty bank charges relating to this debit order instruction.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts you withdrew while this Authority was in force if such amounts were legally owed to you.

D. Assignment

I/We acknowledge that this Authority may be ceded 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 _____ 2022.

Signature (Account holder on the bank account)

E. Agreement Reference Number

This Agreement reference number for the debtor is NAUDEORTHO

NAU_____

Abbreviated Name

Your Debtor Account Reference

***EFT Users may not use the tracking option and must exclude the option from their Authority and Mandate.**

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