



Body & Mind

Your Online Health Directory For Professionals



Debit Order Authorisation:

Your Name:	
Contact Number:	
ID Number:	
Address:	
Email Address:	
Bank Name:	
Account Name	
Type of Account:	
Account Number:	
Branch Name & Code:	
If you are paying by credit card :	
Expiry Date	
Master card or Visa	
CVC number	
Card number	
Amount to be debited	R

I certify that the above bank details are correct and I authorise Body & Mind to debit my account with my membership fee & other requested advertising fees on the 28th of every month. If these banking details have not been provided accurately, or if the details change at any time in the future & if I/we fail to notify Body & Mind of such changes, or if payment is not made in accordance with a Debit Order Instruction, the responsibility for payment will rest with me/us. Membership agreements are for a minimum of 6 Months and the onus is on the Customer to cancel, providing us as per the Debit Order form agreement, a 30 Day notice of such cancellation

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us. This authority may only be cancelled by me/us giving **30 days' notice in writing**.

Please NOTE: On your bank statement your debit's reference will be Three Peaks Insurance.

Subscriptions are paid in advance.

Date: _____

Authorised Signatory

Name of Signatory

Office Use only	Bio:	Pastel Code:
Google Analytics:	FB Like	PID No:
Googlemap:	Customer Photo:	Categories
PHP file	FB	NL: