



# THE SOUTH AFRICAN MEDICAL ASSOCIATION

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## Debit Order Authorisation Form

SAMA No					HPCSA No					
Name										
ID Number										
Postal Address										
Code:										
Contact Tel No										
Account Name										
Debit order	Monthly			Annual						
Name of Bank										
Branch Name										
Branch Code										
Account No										
Type of account	Current			Savings			Transmission			
<p>I hereby request and authorize the SA Medical Association to draw against my account with the above-mentioned bank (or any other bank or branch to which I may transfer my account), the amount necessary for payment of the installment due for my membership until further notice.</p>										
<b>SIGNATURE:</b>						<b>DATE:</b>				

Fax back to 086 634 9656