



# Regular Force Medical Continuation Fund

## REGULAR FORCE MEDICAL CONTINUATION FUND : DEBIT ORDER INSTRUCTION FOR MONTHLY CONTRIBUTIONS

### A. Authority

This signed Authority and Mandate refers to my monthly contribution payments to the Regular Force Medical Continuation Fund ("the Agreement").

Given by (name of Accountholder)	
Accountholder ID number	
Address	
Bank	
Branch and Code	
Account number	
Type of account ( <b><i>delete that which is not applicable</i></b> )	Current (cheque) / Savings / Transmission
Amount (Please note the debit order amount may be automatically increased according to the increase letter or to ensure the member are not overpaid at age 60)	
<b><i>Date of debit order Date (Please select either the 3<sup>rd</sup> or the 20<sup>th</sup>)</i></b>	
3 <sup>rd</sup> of each month or first working day after the 3 <sup>rd</sup>	
<b>OR</b>	
20 <sup>th</sup> of each month or first working day after the 20 <sup>th</sup>	
To (name of beneficiary)	Regular Force Medical Continuation Fund
Abbreviated Name as Registered with the Bank	RFMCF

I hereby authorise you to issue and deliver payment instructions to your banker for collection of monthly contributions against my above-mentioned account at my abovementioned Bank (or any other bank or branch to which I may transfer my account) and continuing until this Authority and Mandate is terminated by me, giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post, delivered via e-mail or delivered to your address as indicated above.

The individual payment instructions so authorised to be deducted on the **3<sup>rd</sup>/20<sup>th</sup> (Please select)** of each month.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.



# Regular Force Medical Continuation Fund

I understand that the withdrawals hereby authorised will be processed through a computerised 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 to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

## B. Mandate

I acknowledge that all payment instructions issued by you shall be treated by my abovementioned Bank as if the instructions have been issued by me personally.

## C. Cancellation

- 1 I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amount were legally owing to you.
- 2 I understand and agree that the Regular Force Medical Continuation Fund will cancel this Authority and Mandate when 2 (two) of my payments are not paid due to insufficient Funds, and that in such event my benefits may be suspended until full arrears are paid up.
- 3 All other rejections provided by my Bank will automatically result in the cancellation of my current Authority and Mandate, which may result in the suspension of benefits until full arrears are paid up.
- 4 I acknowledge that if this agreement is cancelled for any of the abovementioned reasons, a new agreement will have to be signed by myself.

## D. Assignment

I acknowledge that this Authority and Mandate 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.

## E. Agreement Reference Number

This Agreement reference number is VPA\_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature as used for operating on the account

\_\_\_\_\_  
Assisted by / Witness

\_\_\_\_\_  
Bank stamp to verify correctness of account details