HospiVision
PO Box 12423
Queenswood, 0121
Tel: 012-329 9492
Fax:012-329 9151
E-mail: annette@hospivision.org.za
Web: www.hospivision.org.za

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

A. AUTHORITY

GIVEN BY: (NAME OF ACCOUNTHOLDER) _____

ADDRESS_____

_____

BANK ACCOUNT DETAILS: BANK NAME: _____

BRANCH NAME AND TOWN: _____

BRANCH NUMBER | | | | | | | | |

ACCOUNT NUMBER | | | | | | | | | | | | | | | | | | |

TYPE OF ACCOUNT: CURRENT (CHEQUE)/SAVINGS/TRANSMISSION)* **(DELETE WHERE NOT APPLICABLE)*

TO: (NAME OF BENEFICIARY): HOSPIVISION, TSWHANE DISTRICT HOSPITAL, DR SAVAGE ROAD, PRETORIA

HOSPITAL / STAFF MEMBER: _____

REFER TO OUR CONTRACT DATED _____ _____ ("the Agreement" – see below)

1. I/We hereby authorise you to issue and deliver payment instructions to your banker for collection of the amount of R_____ amount in words _____ against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my our obligations as agreed to in the Agreement.
2. The individual payment instructions so authorised to be issued must be issued and delivered monthly on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.
3. The payment instructions so authorised to be issued must carry a number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said number should be added to this form in section E (number provided by HospiVision) before the issuing of any payment instruction and communicated to me directly after having been completed by you.
4. I/we agree that the first payment instruction will be issued and delivered on or after _____ (date). Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in clause 3 above) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned 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, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

NOTE: The NAEDO and/or EFT user may add to the above minimum requirements.

Signed at _____on this _____Day of_____ 20_____

_____

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

E. AGREEMENT REFERENCENUMBER _____ (To be provided by HospiVision)