



ADDRESS:.....  
POSTAL:.....  
TEL/CELL:.....  
EMAIL:.....

ATT: Secretary General  
Dear Sir/Madam

## AUTHORISATION FOR DIRECT ACCOUNT DEBIT

I ..... of Identity /Passport No. ....  
being a member of the Botswana Doctor's Union authorize you to deduct P340.00 from my account to cover my membership subscription.  
This authorization takes effect from ..... (month and year) and shall continue in force until cancelled in writing with 3 (three) clear month's notice.

BHPC number: .....

Date to start: .....

### Direct Debit Instruction

Account Holders Name			
Account Number		Bank	
Branch Code		Branch Name	
Type of Account	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Day of direct debit action	<input type="checkbox"/> 21st <input type="checkbox"/> 26th
Authorized Signature		Date	
Beneficiary: Botswana Doctor Union		Bank:	Standic Bank
		Account Number:	9060003985526
		Branch Code:	064967
		Branch:	Fairground