21 School Ave, Gweru, Zimbabwe
P.O. Box 1842, Gweru
Call: +263 772 870 796
WhatsApp: +263 713 420 235
Website: www.wmas.co.zw
Email: info@wmas.co.zw

DEBIT ORDER AUTHORISATION FORM

I , the undersigned authorize and request Wellness Medical Aid Society, until cancelled by me in writing to draw against my bank account on its debit order system the amounts indicated below:

BANK ACCOUNT DETAILS

Name of Bank……..
Branch Name……
Address…… …
Account holder's Surname…….
First Name (s) ……..

Payer's Surname (If different from account Holder)……..
First Name (s)……

Bank Account Number……..Current/Savings Account

CONTRIBUTION DETAILS

The total to be deducted is USD$ ……with effect from the ……day of……..20 ……..and is also applied as follows:

FIRM NUMBER	CONTRIBUTION

DATE……**SIGNATURE**……

Please note: If the payer is a company, the authorized person (indicating designation) must sign over the Company stamp.

Directors: T. Nyamhuno , K. Munyongwa , A. Chitake , C. Tivamirire , E.T. Charuka , G.T. Moyo