

DEBIT ORDER INSTRUCTION

Account Holder

Bank

Branch

Branch Code

Account Number

Account Type Cheque Transmission Savings

Preferred Debit Order Date: Monthly Premium

Signature of account owner

I authorise Animal Health Solutions (Pty) Ltd t/a Animal Health and Hydro, to draw the regular premium amount against this account. This authorisation is to remain in force until terminated by Animal Health Solutions (Pty) Ltd t/a Animal Health and Hydro, or myself. I may cancel my subscription at any time with 30 days' notice. I accept that Animal Health Solutions (Pty) Ltd t/a Animal Health and Hydro may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Animal Health Solutions (Pty) Ltd t/a Animal Health and Hydro is entitled to present the instruction for payment as soon as sufficient funds are available. The first premium will only be taken 30 days after the one-month free trial has expired.

Signature of Account Holder

Date

**PLEASE COMPLETE THIS DEBIT ORDER INSTRUCTION AND
 RETURN TO marketing@ahah.co.za**

MEMBER'S DETAILS

First Name

Last Name

Practice Name

Email Address

Contact Number

Number of Memberships Required:-

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