

TABLE   CODE    **PATHFINDER MEDICAL SCHEME STOPORDER AUTHORISATION**Surname Full names ID number Department Province Persal no Organisation number Paypoint  / Employees Contribution Government Subsidy TOTAL PATHFINDER membership number PATHFINDER entry date  2 0 0 

I, the undersigned, hereby grant permission to my Province and/or Department to deduct my portion of the full monthly contribution, as well as any arrears and pay to PATHFINDER Medical Scheme Table 057 Code 0131. I understand that future contributions may change due to contribution increases or changes to my membership record. This authorisation will remain valid until written authority to cancel is received. I also understand that subscriptions are payable monthly in advance.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of member \_\_\_\_\_

Date \_\_\_\_\_