



MEDICAL HUMAN RESOURCES (PTY) LTD
TRADING AS
MEDI-NURSE MEDI-Staff

Authority / Request for Salary Deposit

Name: _____

Personnel no: _____

Section A

In terms of the BCEA, I hereby request and authorise my employer to pay my salary to credit my account with the bank as indicated.

I understand that the credit transfers hereby authorised will be processed and I also understand that no advice of payment will be provided by my bank, but details of each payment will be printed on my statement of account or any accompanying voucher where it is customary for banks to furnish such statements.

I understand that my pay slip is obtainable on request from the local MHR offices, can be forwarded to the nearest Medi-Clinic hospital or can be sent via email (please complete Section 3). No pay slips may be faxed.

This authority may be **cancelled** by me by giving you **30 days** notice in writing.

NB. Kindly attach a proof of account in the form of a stamped letter from the bank, a bank statement or cancelled blank cheque.

Section B

Account holder name / Name of Account: _____

Account Holder Relationship: Own Joint 3rd Party

Bank: _____

Branch: _____

Bank Branch Code:

Account Number:

Account Type: Savings Current

Section C (Please complete if you want to make use of this option)

I would like MHR to: send my payslip via email Email address: _____

Signature

Stamp of Bank

Date: / /
D D / M M / Y Y Y Y