

DEBIT ORDER FORM / FORM OF AUTHORITY

A. AUTHORITY GIVEN BY:

FULL NAME OF ACCOUNT HOLDER :

Identity Number

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Male Female

Residential Address _____ Suburb _____

City _____ Postal Code _____

E-mail Address _____ Phone (Home) _____

Cellphone _____ Phone (Work) _____

BANK ACCOUNT DETAILS

Bank Name _____ Branch Name _____

Account Number

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Branch Code

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Type of Account : Cheque Savings Transmission

Date

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TO : _____ (NAME OF BENEFICIARY)

Address _____ Suburb _____

City _____ Postal Code _____

Abbreviated Short Name as registered with the Acquiring Bank

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REFER TO OUR CONTRACT REFERENCE NUMBER :

("the Contract Reference Number")

I/We hereby authorise _____ (Service Provider Name) to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I/we agree that the first payment instruction will be issued and delivered on _____ (date) and thereafter regularly on the _____ of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the **following business day**; or subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

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B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party.

NOTE : The EFT User may add or delete (at its own risk) from the above minimum requirements

E. SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

CLIENT/ DEBTOR

Full Name

Signature

Date

FOR OFFICE USE

ASSISTED BY

CAPACITY

F. AGREEMENT REFERENCE NUMBER

The agreement reference number is