

## BANK DEBIT ORDER INSTRUCTION FORM

Name :	ID No	
Address :		
Contact No :		
Debit Amount : Date for Debit Order :		Starting Date:
Name as registered with the bank : <b>Pan</b> The details of my/our account are as fol	do (Pty) Ltd	
ACCOUNT NO. :BRANCH CODE :		
TYPE OF ACCOUNT :		(savings, current, transmission)
our above mentioned bank (or any other bank or branch such payment instructions will never exceed my/ our ob commencement date and continuing until this Authority less than 20 ordinary working days, and sent by prepaid I. On the day ("payment day") of each and ever of R120 on day of In the event that public holiday, the payment day will automatically be the the nominated account to meet the obligation, you are esson as sufficient funds are available in my account; I / We understand that the withdrawals hereby authorise African Banks and I also understand that details of each contain a number, which must be included in the said p Agreement. A payment reference is added to this form I any refund of amounts which you have withdrawn while MANDATE I / We acknowledge that all payment instructions issued instructions had been issued by me/us personally. CANCELLATION I/We agree that although this Authority and Mandate ma /We shall not be entitled to any refund of amounts which legally owing to you. All cancellation has to be made on ASSIGNMENT I/We acknowledge that this Authority may be ceded to this	to the bank for c in to which I/ We r ligations as agre and Mandate is a d registered post ery month comme the payment day every next ordina entitled to track m ed will be process in withdrawal will I ayment instruction before the issuing this authority wa I by you shall be ay be cancelled be in you have withd the 1 <sup>st</sup> of the mo	bilection against my / our above mentioned account at my/ nay transfer my / our account) on condition that the sum of ed to in the Agreement, and commencing on the erminated by me/us by giving you notice in writing of no or delivered to your address indicated above. Encing on A once-off sign-up payment falls on a Saturday, Sunday or recognized South African ary business day. Further, if there are insufficient funds in y account and re-present the instruction for payment as the dthrough a computerized system provided by the South be printed on my bank statement. Each transaction will n and if provided to you should enable you to identify the g of any payment instruction. I/We shall not be entitled to s in force, if such amounts were legally owing to you. treated by my/our above mentioned bank as if the y me/us, such cancellation will not cancel the Agreement. I rawn while this authority was in force, if such amounts were
Signed at on this	day of	20
SIGNATURE AS USED FOR SIGNING for the ACCOUNT		

SIGNATURE AS USED FOR SIGNING for the ACCOUN Assisted by: FOR OFFICE USE AGREEMENT REFERENCE NUMBER This Agreement reference number is: \_\_\_\_\_