

DEBIT ORDER/STOP ORDER

ACCOUNT NAME : _____

ADDRESS : _____

START DATE OF DEBIT ORDER : ____ \ ____ \ ____

The details of my/our banking account are as follows:

BANK : _____ BRANCH NAME : _____

BRANCH CODE : _____

ACCOUNT NO : _____ TYPE OF A/C : _____

I/we hereby request and authorise you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of

R _____ being the amount necessary for the payment of the monthly fee due in respect of our service rendered as per our contract/agreement, which payment may be changed from time to time upon my verbal instruction in accordance with normal escalation.

This payment will be executed on the 1st day of every month and such withdrawals from my/our bank account by you shall be treated as though they have being signed by me/us personally.

I/we the undersigned understand that the withdrawals hereby authorised will be processed by computer through a system known as ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher.

I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by means in writing as per point 3.2 of the contract. I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

REP.SIGNATURE _____

CLIENT SIGNATURE _____

TODAYS DATE ____/____/____ COMMENCEMENT DATE OF CONTRACT ____/____/____

AMOUNT PAID _____ CASH/CHEQUE

**NOTE: A COPY OF THE CONTRACT WILL BE FORWARDED TO YOU.
THANK YOU FOR YOUR SUPPORT.**