



DEBIT ORDER INSTRUCTION

AUTHORITY:

I/We hereby authorise you to issue and delivery payment instruction to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on the start date given above and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account. If there are insufficient funds in my account to meet my obligations, you are entitled to re-present the instruction for payment.

Payment instructions due in December may be debited against my account on 15th December.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form as the Booking Reference Number before issuing any payment instruction

MANDATE:

I/We acknowledge that all payment instructions by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

I certify that the above information is true and correct

I have read and agree to the above terms

This signed Authority and Mandate refers to our contract dated:

D	D	M	M	Y	Y	Y	Y
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FOR OFFICE USE ONLY

IBTC AUTHORISATION _____

NAME _____

DESIGNATION _____ **DATE** _____

SUBMIT FORM