



DEBIT ORDER AUTHORIZATION

PERSONAL INFORMATION			
Account Number			
Surname:			
Initials:			
Postal Address:			
Code:			
I.D. Number:			
Telephone Numbers	H ()	W ()	Cell:
DEBIT THE FOLLOWING BANK ACCOUNT:			
Name of Bank:		Branch Name:	
Branch Code:		Account Nr.:	
Type of Account:	Tick your choice <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission		
Date of Transaction(s):	Tick your choice <input type="checkbox"/> 2nd <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th		
Amount:	<input type="checkbox"/> Full amount <input type="checkbox"/> Monthly installments up to 6 months		
First Payment Date:			

TERMS AND CONDITIONS:

Interest at the Prime bank Rate plus 2% will be levied on all outstanding amounts.

Acknowledgement:

I hereby "instruct and" authorize Dr's du Buisson, Bruinette, Kramer to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the amount necessary (as stipulated above) for payment in respect of the abovementioned agreement and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my account by you shall be treated as though I had signed them personally. I understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit order instruction. I may cancel this authority by giving you thirty (30) days notice in writing sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be).

Signed at on day of 20

SIGNATURE

Please fax the completed and signed form to: DEBTORS DEPARTMENT - Fax number: (012) 678-1151/2
 Should you have any queries please contact us on: (012) 678-1001