

## DEBIT ORDER AUTHORISATION

### PERSONAL INFORMATION

Invoice Number/ Account Number			
Surname			
Initials			
Postal Address			
Code			
ID Number			
Telephone Numbers	(H)	(W)	(Cell)

### DEBIT THE FOLLOWING BANK ACCOUNT

Name of Bank				Branch Code			
Branch Code				Account Number			
Type of Account	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission				
Date of Transaction(s)	<input type="checkbox"/> 2nd	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 25th	of the month		
Full Amount Outstanding							
Amount in Words							
Instalment Options	<input type="checkbox"/> Full amount		<input type="checkbox"/> Monthly instalments up to a maximum of 6 months for amounts >R1000.00				
Instalment Amount	1st	2nd	3rd	4th	5th	6th	
First Payment Date							

### TERMS & CONDITIONS

I hereby instruct and authorise Drs du Buisson, Kramer, Swart & Bouwer Inc.[DKSB) 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 above mentioned agreement and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my account by DKSB shall be treated as though I had signed them personally. I understand that the withdrawals hereby authorised will be processed through a computerised 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sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in forced if such amounts were legally owing to you.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).

Kindly note by signing this Debit Order authorisation, Drs Du Buisson, Kramer, Swart, Bouwer Incorporated do not waive their contractual and or common law rights to claim the outstanding amount or debt from me should the Debit Order or any installment made under it not be honoured. I understand that the onus will be on me to inform DKSB of: closure of the account to which the Debit Order applies or should it come to my knowledge that such account will not have sufficient funds. I grant consent that DKSB may re-submit a dishonoured debit order payment on the following payment date until the capital owed to DKSB has been paid in full.

I understand that this Debit Order will not by its mere implementation create a credit agreement or transaction as defined in the National Credit Act 34 of 2005 and that I shall still be liable under common law or I shall remain liable in terms of any agreement concluded between me and DKSB and I shall remain liable for any interest/ legal costs as agreed with DKSB or as prescribed in the Prescribed Rate of Interest Act 55 of 1975. I consent that DKSB may process and supply my information as contained in this form to my Bankers and to Ampath Trust as management agent of DKSB in order to give effect to the implementation of this Debit Order authorisation. I understand that DKSB shall have no liability if my Bankers incorrectly or not at all implement this Debit Order. I understand that the banking costs for the implementation of this Debit Order or for the re-submission of any installment made in terms hereof will be for my account. I undertake to immediately inform DKSB of being placed under business rescue, being voluntary or compulsory sequestrated or being liquidated. I authorise Ampath Trust and its trustees and employees to manage this Debit Order on behalf of DKSB.

In the event of a Debit Order not being debited from my account as a result of such payment/order being on a Saturday/Sunday or South African Public Holiday, I authorise DKSB to re-submit payment of such Debit Order on the next business day following the Saturday, Sunday or Public Holiday.

Signed at ..... on ..... day of ..... 20 .....

Signature .....

Please email the completed, signed form to DEBTORS DEPARTMENT

Email address: [proofofpayment@ampath.co.za](mailto:proofofpayment@ampath.co.za)