



DEBIT ORDER INSTRUCTION

FROM: (NAME OF DEBTOR) _____ DATE: _____
(ADDRESS) _____

Dear Sir,

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

NAME OF ACCOUNTHOLDER: _____

BANK: _____ BRANCH NAME AND TOWN: _____

ACCOUNT NUMBER									

BRANCH NUMBER									

TYPE OF ACCOUNT		
CHEQUE	SAVINGS	TRANSMISSION

Date of debit order: _____ (1st, 25th or 30th)
Should the above date fall on a Sunday or a Public Holiday, we will debit your account on the first working day after said Sunday or Public Holiday.

I/We hereby authorize 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 amount of R99.00 of the monthly commitment due in respect of the installment/premium as agreed. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us as personally.

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

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registration post, but I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of it's rights to any third party without my/our prior written consent and that I/we may not delegate any or my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed _____ on this _____
day of _____ 20 _____

SIGNATURE

South African ID Number

ASSISTED BY

South African ID Number