



(Abbreviation name on your bank statement) **DEAFFDLY**

DEBIT ORDER

DEAF Friendly

Form Of Authority And Mandate In Respect Of All Electronic Debits

A. AUTHORITY

Given by: (Name of account holder): _____

ID: _____ Tel/Cell: _____

Address: _____

_____ Email: _____

Bank: _____ Branch & Code: _____

Acc no: _____ Type of account (Mark with x): ^(Cheque) Current__ | Savings__ | Transmission__

Amount: R _____ (As per invoiced amount) Date of transaction starting: _____

To: **DEAF Friendly | Morgan Ave 749, Parktown Estates, Pretoria | ABSA | Current Acc No 4071321976 | Code 632005**

This signed Authority and Mandate refers to our **contract dated** _____ (**"the Agreement"**): I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned 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** _____, continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows **on the _____ day ("payment day") of each and every month commencing on** _____. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated 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; monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I /We understand that the withdrawals hereby authorised 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. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you. 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.

B. MANDATE I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

C. 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.

D. 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. We acknowledge that you utilise the services of Softy Comp for this collection.

Signed at _____ on this _____ day of _____

Signature as used for operating on the account

FOR OFFICE USE , E. NUMBER : _____