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**DEBIT ORDER INSTRUCTION**

Name: ..... Contact no: .....

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

NAME AS USED ON ACCOUNT:	
BANK:	
BRANCH NAME & TOWN:	
BRANCH NUMBER:	
ACCOUNT NUMBER:	
TYPE OF ACCOUNT:	CURRENT (CHEQUE)
TYPE OF ACCOUNT:	SAVINGS
TYPE OF ACCOUNT:	TRANSMISSION

I / We hereby request, "instruct" and authorize EKSDERDE to draw **today** an amount of

R. .... (amount in words) ..... and then **thereafter** an amount of

R. .... (amount in words) ..... each and every month commencing on

..... and continuing (as the case may be), from my/our account, at the abovementioned bank (or any other bank or branch to which I/We may transfer my/our account), All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us 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 or on an accompanying voucher.

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

This authority may be cancelled by me/us by giving you 30 days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

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

**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 its rights to any third party without my/our written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.**

Signed at ..... on this ..... day of ..... 2016

.....  
 SIGNATURE AS USED FOR SIGNING CHEQUES

.....  
 ASSISTED BY

.....  
 CAPACITY