EKSDERDE
Tel: 0792099229
Fax: 086 688 5101
PO Box 117
Derdepoortpark
0035
e-mail: kantoor@eksderde.co.za
website: www.eksderde.org

DEBIT ORDER INSTRUCTION

Name & surname	
Contact number	
Name used on account	
Bank	
Branch name & town	
Account number	
Type of account	[ ] Cheque [ ] Savings [ ] Transmission

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

R _____ **(amount in words**) _____

On _____ (date) 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 authorised 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 order 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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 authorised 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 authorised party.

Signed at _____on this _____ day of _____20_____

SIGNATURE _____

Assisted by: _____ Capacity: _____