



Die Vryburgers

SERVICE ORGANISATION
PO Box 355 Gonubie 5213

DEBIT ORDER INSTRUCTION

From: _____

Address: _____

Date: _____

Dear Sir,

The details of my bank account are as follows:

NAME OF ACCOUNTHOLDER: _____

BANK: _____ BRANCH NAME AND TOWN: _____

ACCOUNT NUMBER																				
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BRANCH NUMBER							
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TYPE OF ACCOUNT	CHEQUE	SAVINGS	TRANSMISSION
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I hereby authorise **Die Vryburgers** to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the amount of **R..... (.....Rand)** monthly on the **1st day of every month** and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I understand that the withdrawals hereby authorised will be processed by computer through a 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.

This authority may be cancelled by me by giving you thirty 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sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.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 bank (whichever it is or will be).

ASSIGNMENT: I acknowledge that the party hereby authorised to effect the drawing against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this authority to any third party without prior written consent of the authorised party.

Signed at on this day of20....

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SIGNATURE AS USED FOR SIGNING CHEQUES