DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____

Address: _____Code_____

Contact Details: _____ (Home) _____ (Mobile) _____ (Work)

If Company / CC, Name of Person(s) signing this: _____

Account Holder Name: _____ Bank: _____

Branch / Code: _____ Account Number: _____

Account Type: **CURRENT ☐ ; SAVINGS ☐ ; TRANSMISSION ☐ ; OTHER ☐**   If "Other" supply details: _____

COLLECTION INSTRUCTION:

Interval: **Once off ☐ ; Monthly: 1st ☐; 5th ☐ ; 25th ☐; Last day of the month ☐**

Is this limited to fixed amounts, or to debits due in future that may vary?   **Fixed amounts:**   ☐
                                                                                     Variable amounts: ☐

Note: if variable, the amount(s) hereunder may be exceeded.

*   **Once off transaction:**
Collection date: dd_____ /mm _____ / 20_____   R _____. _____ (Amount)

*   **Recurring transactions:**   **CONTINUE INDEFINATELY UNTILL CANCELLED BY DEBTOR?**   YES ☐ NO ☐

        1st Collection date: dd_____ /mm _____ / 20_____   R _____. _____ (Amount)

        Day of Month thereafter: _____

*   **If not indefinitely:**   _____ (number of deductions)   dd_____ /mm _____ / 20_____   (Final date)

*   **If weekly:**   MON / TUE / WED / THU / FRI / SAT

All such withdrawals from my/our account will be considered as signed by me/us personally. I/we that such withdrawals will be processed by means of a system known as the ACB magnetic service and I/we understand that the details of every withdrawal will be printed on an attached slip. I/We agree to pay any costs related to this debit order. I/We may cancel this authorisation by written instruction 30 days in advance and sent by registered post. I/We understand that we are not entitled to a refund of monies withdrawn while the debit order was still valid, even in the event that such monies are rightly due to me/us.
I/We agree and give my consent to the City Changers Institute to process my personal information for the purposes relating to this Debit Order Instruction and further agree that the City Changers Institute may share this information with companies within its group and other financial institutions (such as ABSA Bank).
(I confirm that I / we are the person(s) with signature authority as registered with my / our bank).

SIGNATURE (1): _____SIGNATURE (2): _____ DATE: _____

Please forward the signed mandate to mareli.erasmus@doxadeo.org