



OOWEBOO

THE FINAL PIECE TO YOUR PUZZLE

DEBIT ORDER FORM

PERSONAL DETAILS OF CLIENT																							
Surname / Company Name:																							
Full names / Trading Name:																							
ID number / Registration Number:																							
Physical Address:																							
Postal Address:																							
Contact details:	HOME	WORK	MOBILE	e-MAIL	FAX																		
Client reference number:																							
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							
BANK DETAILS OF CLIENT																							
Name of Account Holder:																							
Account Type:	CHEQUE	TRANSMISSION	SAVINGS	OTHER																			
Name of Bank:																							
Account Number:																							
Branch Name:																							
Branch Code:																							
Credit Card type:	MASTER					VISA																	
Last 3 digits of credit card:																							

COLLECTION INSTRUCTION - please tick the applicable																
Once-Off Deductions	<input checked="" type="checkbox"/>	If once-off, complete only date of 1st deduction	d	d	m	m	y	y	Amount R	0	0	0	0	0	0	0
Recurring Deductions	<input checked="" type="checkbox"/>	Date of 1st Deduction	d	d	m	m	y	y	Amount R	0	0	0	0	0	0	0
		Date of 2nd Deduction	d	d	m	m	y	y	Amount R	0	0	0	0	0	0	0
		How many successive months after the 2nd deduction above	0			0										
		Deduction day in the month														
		Recurring amount to be deducted per month after the 2nd deduction above	Amount R	0		0	0	0	0	0	0	0				
		If applicable, last deduction date	d	d	m	m	y	y								
		If applicable, amount if different from the recurring amount above	Amount R	0	0	0	0	0	0	0	0	0				
Annual escalation thereof	<input type="checkbox"/>	%														

I/We, the client or the duly authorized representative thereof ("the CLIENT"), hereby authorized the entity mentioned below ("_____"), STRATCOL LTD and/or its agents, to collect by means of electronic debit from the above account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to _____, as principal debtor or for any other reason, and to pay same to _____. The authority so given is restricted to the amount mentioned above and may be deducted on the mentioned 7 working days thereafter.

I accept the following to be applicable hereto:

- This authorisation may only be withdrawn with 30 (thirty) days written notice to _____ at its physical Address.
- I and/or the CLIENT, individually and collectively and hold harmless _____, STRATCOL LTD and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not;
- In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that the fee will be debited against the CLIENTS account by the bank and _____ relating to the return of the debit and I accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time).
- Any reference to the entities above includes a reference to any successor in title or in appointment;
- This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as the method of payment, in part or in full, and any account with _____ needs only to be credited once actual payment is received by the _____, and
- should any dispute arise about _____'s right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.

DATE: _____

SIGNATURE: _____

STRATCOL REF:

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