

## **DEBIT ORDER AUTHORISATION FORM**

*(Please ensure that all required fields are completed in full & both pages signed and dated)*

**ACCOUNT HOLDER (DEBTOR) INFORMATION:**

ID / Registration No: \_\_\_\_\_ Name & Surname / Company Name:

Address: \_\_\_\_\_ Code: \_\_\_\_\_

Contact Details: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

(E-Mail) \_\_\_\_\_

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" – Please supply details: \_\_\_\_\_  
: \_\_\_\_\_

**COLLECTION INSTRUCTION:**

**Interval: Once-Off Monthly Quarterly Biannually Annual Weekly Biweekly**

Is this limited to fixed amounts, or to debits due in future that may vary?

**Fixed Amounts:**

**Variable Amounts:**

***Please Note: If variable amounts are selected, the amount(s) hereunder may be exceeded.***

• **Once-Off Transaction:**

**Collection Date:** dd \_\_\_\_ / mm \_\_\_\_ / 20 \_\_\_\_ R \_\_\_\_\_ . \_\_\_\_ **(Amount)**

• **Recurring Transactions: CONTINUE INDEFINATELY UNTIL CANCELLED BY THE DEBTOR? YES NO**

1<sup>st</sup> Collection Date: dd \_\_\_\_ / mm \_\_\_\_ / 20 \_\_\_\_ R \_\_\_\_\_ . \_\_\_\_ **(Amount)**

Day of month thereafter: \_\_\_\_\_ (1<sup>st</sup> – 31<sup>st</sup>) Annual Escalation: \_\_\_\_\_ (%) Escalation Month: \_\_\_\_\_

• If not indefinitely: \_\_\_\_\_ (number of deductions) dd \_\_\_\_ / mm \_\_\_\_ / 20 \_\_\_\_ (final date)

• If interval selected is weekly; please circle suitable day: **MON / TUE / WED / THU / FRI / SAT**

I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the StratCol User above. (I confirm that I am the person and/or we are the parties with signature authority as registered with my / our bank).

**SIGNATURE (1):** \_\_\_\_\_ **SIGNATURE (2):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**EFT**

**NAEDO**

**Client Reference Number:** \_\_\_\_\_

**NAEDO TRACKING (Please Circle): 1D / 2D / 3D / 4D / 5D / 6D / 7D / 8D / 9D / 10D / 14D / 21D / 32D**

**AGREEMENT**

I / We hereby authorise STRATCOL to issue and deliver payment instructions to my / our banker for collections against my / our abovementioned account at my / our above mentioned bank.