

RODEL ADMINISTRATION SERVICES (PTY) LTD
DEBIT ORDER AUTHORITY FORM

AUTHORITY TO DEBIT

GENERAL INFORMATION													
GIVEN BY (NAME OF ACCOUNT HOLDER):													
ADDRESS:													
BANK:													
BRANCH CODE:													
BANK ACCOUNT NO.:													
TYPE OF ACCOUNT:													
DEBIT ORDER DATE:	1st		7th		(circle debit order date)								

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement")
I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days.
In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.
I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

B. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force.

C. ASSIGNMENT

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

By submitting this form, I verify that all the information provided is accurate and acknowledge that Rodel Administration Services (Pty) Ltd is not responsible for any errors arising from incorrect information I (the policyholder) have entered.

Signed at _____ on this _____ day of _____ 20____

Account holder signature: _____