

PAYMENT INSTRUCTION VIA DEBIT ORDER

ACCOUNTHOLDER DETAILS:

Surname: _____

Full Name(s): _____

Title (Mr./Ms./Mrs./Prof./Dr.): _____

Residential Community Physical Address: _____

Section / Unit Number: _____

Quick ref. number:

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BANK ACCOUNT DETAILS:

Bank Name: _____

Branch Name / Town: _____

Branch code:

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Account number:

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Account type:

CURRENT (CHEQUE)

SAVINGS / TRANSMISSION

DEBIT ORDER INSTRUCTION DETAILS:

Debit order effective date:

0	1	M	M	Y	Y	Y	Y
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I/We the undersigned hereby authorise Pro admin (PTY) Ltd to issue and deliver instructions to your banker for collection against my /our abovementioned account at my /our abovementioned bank as follows: **(SELECT ONE ONLY USING 'X')**

Total balance of the account to be paid every month – thus the account will have a zero balance, **OR**

Fixed amount of R _____ as agreed with Pro admin per agreement

D	D	M	M	Y	Y	Y	Y
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dated:

(Should the fixed amount option be selected without the amount stipulated, the total account balance will be deducted, and it will remain the responsibility of the owner to communicate the adjustment should the amount change in any way.)

TERMS AND CONDITIONS:

I/We the undersigned hereby accept and understand the following terms and conditions in respect of the abovementioned payment instruction:

1. The payment instruction may be debited against my account on the 1st day of every month.

2. When the 1st day of the month falls on a weekend or public holiday, the payment instruction may be debited against my account on the following business day.
3. To allow for tracking of dates to match with flow of Credit at additional cost to myself.
4. Costs per transaction and/or rejections, as charged by the bank and Pro admin, will be additional cost to myself.
5. Proof of banking details confirming the information provided in this payment instruction must accompany this instruction by means of a confirmation letter with a date stamp younger than 3 months.
6. This payment instruction will be revoked if:
 - 6.1 should this payment instruction fail to be debited to my account for two consecutive months, **OR**
 - 6.2 when the unit is being sold, **OR**
 - 6.3 I/we the undersigned give at least thirty (30) days written notice prior to the next payment instruction deduction date.
7. Payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

Signed at _____ on this _____ day of _____ month, year 20
_____.

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

FOR OFFICE USE ONLY:

Confirm quick ref. number:

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AUTHORISED BY

SIGNATURE