



Blouvillei Road, P O Box 129, Wellington, 7654
 Tel: (021) 873 3834/5 :: Faks: (021) 873 5265 :: www.andrewmurray.org.za

DEBIT ORDER

AUTHORITY AND MANDATE FOR PAYMENT INSTRUCTIONS

AUTHORITY:

GIVEN BY: (NAME OF ACCOUNTHOLDER) _____

ADDRESS: _____

BANK ACCOUNT DETAILS:

BANK NAME: _____

BRANCH NUMBER:

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ACCOUNT NUMBER:

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TYPE OF ACCOUNT:

CURRENT/CHEQUE	SAVINGS	TRANSMISSION	
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AMOUNT: _____

DATE: _____

TO: (NAME OF BENEFICIARY) __HOUSE ANDREW MURRAY_____

(ADDRESS) __BLOUVLEI ROAD, WELLINGTON, 7655_____

REFER TO OUR CONTRACT DATED _____ ("the Agreement")

- 1 I/We hereby authorise you to issue and deliver payment instructions to HGG Technology for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement.



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- 2 The individual payment instructions so authorised to be issued must be issued and delivered monthly/bi-monthly/ three-monthly/six-monthly/annually/weekly/bi-weekly* (interval) on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.
*(delete what is not applicable)
- 3 The payment instructions so authorised to be issued must carry a number, which number must be included in the said payment instructions and if provided to you should enable you to identify the Agreement. The said number should be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.
- 4 I/we agree that the first payment instruction will be issued and delivered on or after _____ (date). Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in clause 3 above) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE:

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

C. 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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at _____ on this _____ Day of _____

.....
SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT

.....
ASSISTED BY

.....
CAPACITY