



DEBIT ORDER AUTHORISATION



AUTHORISATION

I Prof/Dr/Mr/Mrs/Miss

(Full Names)

I.D. No

Residential Address		Postal Address	
	(No. & Street)		(No)
	(Suburb)		(Suburb)
	(City)		(City)
	(Postal Code)		(Postal Code)
	(Home Tel No)	(Work Tel No)	(Cell No)

Hereby instruct and authorise Helderberg Omgee to debit my bank account every month on the 1st/26th/30th (Delete **NOT** applicable) of the month, for the amount of R_____. All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by notifying Helderberg Omgee, giving thirty days' notice in writing, per registered post. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

BANK DETAILS

Account Holder _____ (Full Name)

Name of Bank _____

Branch Name _____ Branch Code _____

Account Number _____ Account type (e.g
cheque/savings) _____

Signed at _____ (Town/City) On this the _____ Day of _____ (Month) _____ (Year)

Signature