Debit4me
Canton Trading 57 (Pty) Ltd

Ease of Use
Affordability

Debit Order Authorisation Form

Come to the Centre of Help t/a INDAWO YOSIZO
PO Box 99
Heidelberg

1438

Originator	**Come to the Centre of Help t/a INDAWO YOSIZO**		
APPLICANTS DETAILS			
Lastname		Telephone	
First Name(s)		Cellphone	
ID Number		Fax No	
Title		Email	
Physical Address			
Postal Address			

Product Details

		TOTAL	

Debit Order Details

To: Canton Trading 57 (Pty) Ltd

The details of my/our bank account are as follows:

Bank			
Account Holder Name		**Start Date:**	
Account Number		**End Date:**	
Branch Code		**Collection Day:**	
Account Type		**Frequency:**	

I/We hereby give Canton Trading 57 (Pty) Ltd permission to make use of any approved third party debit order facility.

I/We hereby declare that I/We give permission to the Administrator for administrating and loading my personal details for the debit order facility.

I/We hereby request and authorise you to draw against my/our account (or any other bank or branch to which I/We may transfer my/our account) with the above-mentioned bank the total sum as indicated above.

An administration fee of R 4.00 shall be charged upon each transaction.

Is the authorisation limited to a maximum amount per month that may be deducted?	YES / NO
If so, please indicate the maximum value that may be deducted per month (excluding debit order fees)	R _____.____

I/We agree to have the above amount debited according to the schedule shown above.

If, however any transfer of funds is unsuccessful, I/We understand that a penalty of R7.50 (incl Vat) will be levied when the next debit order run is due.

All such withdrawals from my/our bank account by you shall be treated as though they have been signed by me/us personally.

This authority may be cancelled by me/us by giving you thirty days notice in writing. I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to Canton Trading 57 (Pty) Ltd.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

No Pro rata payments are applicable. Only full payment in respect of services is accepted.

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 it's rights to any third party without my/our prior written consent. /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.

No Pro rata payments are applicable. Only full payment in respect of services is accepted.

Signed _____on the _____ day of _____20____

(SIGNATURE AS USED FOR SIGNING CHEQUES)

FAX COMPLETED & SIGNED FORM TO 086 524 5763