

Protea Metering (Pty) Ltd

P.O. Box 1785 Silverton 0127

Tel: (012) 804-1039 Fax: (012) 804-0105 VAT No: 4860168527

BANK DEBIT ORDER AUTHORITY

Name (Debtor) :	Date :	
Address :	Account no. :	
	Max Debit Amount :	
	Commencement Date :	
Contact No :		
Dear Sirs/Madams		
The details of my/our account are as fo	llows:	
BANK :	ACCOUNT NAME:	
BRANCH NAME:	ACCOUNT NO:	
BRANCH NO:	TYPE OF A/C:	(savings,current,
		transmission)
This signed Authority and Mandate ref Agreement"). I / We hereby authorise collection against my / our abovement bank or branch to which I / We may tre payment instructions will never exceed commencing on the commencement of by me / us by giving you notice in writing registered post or delivered to your accommendation.	you to issue and deliver payment cioned account at my / our above ansfer my / our account) on cond d my / our obligations as agreed thate and continuing until this Authing of no less than 20 ordinary woldress indicated above.	instructions to the bank for mentioned bank (or any other ition that the sum of such to in the Agreement, and nority and Mandate is terminated orking days, and sent by prepaid
I. On the nominated day ("payment day on; on or after the day amount of each individual payment insevent that the payment day falls on a spayment day will automatically be the funds in the nominated account to me present the instruction for payment as	tes when the obligation in terms of struction may not be more or less Saturday, Sunday or recognised So very next ordinary business day. et the obligation, you are entitled	of the Agreement is due and the sthat the obligation due. In the outh African public holiday, the Further, if there are insufficient d to track my account and re-

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

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

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, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority and Mandate has been ceded to Sage Pay (Pty) Ltd as per your agreement with Sage Pay (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Signed at	on this	day of	20
FOR OFFICE USE			
AGREEMENT REFE	RENCE NUMBER		
This Agreement refer	ence number is:		
J			