



**Protea Metering (Pty) Ltd**

P.O. Box 1785

Silverton

0127

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VAT No: 4860168527

**TOP-UP DEBIT ORDER AUTHORITY**

Full Name: \_\_\_\_\_ Date : \_\_\_\_\_

Address : \_\_\_\_\_ Account no. : \_\_\_\_\_

\_\_\_\_\_ Max Debit Amount : \_\_\_\_\_

\_\_\_\_\_ Commencement Date : \_\_\_\_\_

Cellphone Nr : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : \_\_\_\_\_ ACCOUNT NAME: \_\_\_\_\_

BRANCH NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

BRANCH NO: \_\_\_\_\_ TYPE OF A/C: \_\_\_\_\_

(savings,current, transmission)

The individual payment instructions so authorised to be issued must be issued and delivered as follows

I. On the nominated day (“payment day”) after each and every electricity token purchase commencing on \_\_\_\_\_; 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. In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account;

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 I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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 the authorised signatory/ies warrant that I /we are duly authorised to sign this debit authorisation agreement as being the person in whose name the account is held, namely the account holder or are duly authorised thereto by the account holder in terms of a valid written agreement.

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 REFERENCE NUMBER

This Agreement reference number is:

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