

62 Viljoen Street
Krugersdorp North, 1739
info@signtherapy.co.za
www.signtherapy.co.za
Cell: 072 282 7831



'be lifted up'

DEBIT ORDER INSTRUCTION

CLIENT'S DETAILS:

NAME & SURNAME (IF CLIENT'S AN INDIVIDUAL) : _____
BUSINESS' NAME : _____
CONTACT NUMBER : _____
FAX NUMBER : _____

ACCOUNT HOLDER'S DETAILS (IF DIFFERENT FROM ABOVE)

ACCOUNT HOLDER'S NAME : _____
CONTACT NUMBER : _____
SIGN THERAPY ACCOUNT NUMBER : _____
NAME OF BANK : _____
BRANCH NAME : _____
BRANCH CODE : _____
BANK ACCOUNT NUMBER : _____
TYPE OF ACCOUNT (delete what is NOT applicable) : Current/Cheque/Savings/Transmission

I/we hereby request, instruct and authorise you to draw against my/our account with the abovementioned bank (or any other bank to which I/we may transfer my/our account). The amount is to be debited to my/our account on the 1st day of each and every month, continuing until such time as the contract expires. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we understand that the withdrawals hereby authorised will be processed by a computer through a system known as the ACB Magnetic Tape Service, and I/we also understand that details of any withdrawal will be printed on my/our bank statement or on any accompanying voucher. I/we agree to pay any bank charges relating to this debit order instruction.

Rentals are subject to an annual escalation, which shall be determined by the Terms and Conditions of the contract. The annual escalation shall take effect on the anniversary date of the contract.

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This authority may be cancelled by me/us by giving you 30 (thirty) days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at _____ on this the _____ day of _____ 20____

_____ (Signature as used for signing cheques)

Assisted by (where legally necessary)

Capacity

PLEASE NOTE: A cancelled cheque should be attached for bank identification purposes in the case of a current account. The user may add to the above minimum requirements.