



selftrack
vehicle & personal tracking
Comp Reg. No. 2007/012153/07
VAT Reg No. 4800 247 159

Block B 1st Floor, Waterkloof Park
469 Julius Jeppe Street, WATERKLOOF 0181
PO Box 240, MENLYN 0063
TEL: (012) 460 1495 / 1498 / 7330
FAX: (012) 346 5177
Customer Care: 0861 909 101
Recovery / Emergencies: 0860 000 735

**DEBIT ORDER
AUTHORISATION**
FAX (012) 346 5177 or EMAIL to
accounts@selftrack.co.za

BANK DEBIT ORDER INSTRUCTION

Name and Surname:	<input type="text"/>
Physical Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Date:	<input type="text"/>
Debit Order Amount:	<input type="text"/>
Commencement Date:	<input type="text"/>
Account Holder:	<input type="text"/>

BANKING DETAIL AND DEBIT ORDER AUTHORISATION

BANK	<input type="text"/>
ACCOUNT NAME	<input type="text"/>
ACCOUNT NUMBER	<input type="text"/>
TYPE OF ACCOUNT	<input type="text"/>

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

- i. On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized 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 re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii. Monthly; 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; 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 may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. Signed at _____ on this _____ day of _____ 20_____.

AUTHORISED SIGNATURE

FOR OFFICE USE ONLY

PASTEL ACCOUNT NUMBER:

SELFTTRACK CREDIT ACCOUNT NUMBER: