

DEBIT ORDER INSTRUCTION FORM

Full name : _____ I.D number : _____ email addr: _____

Building name: _____ Flat no.: _____ Trafalgar Acc no.: _____

Tel number (h) _____ (work) _____ Tel no.(Cell) _____

To : Trafalgar Property Management

AUTHORITY TO DEBIT AGREEMENT DATED : _____

The details of my/our bank account are :-

Name of Bankers : _____

Branch Name and Number: _____ Branch no. (important) _____

Bank Account number : _____

Type of account (eg. Current /Savings/Transmission) _____

I/We hereby "instruct" and authorise you to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account),

Options:

A) **A fixed amount** of R _____ irrespective of the Debit balance outstanding on the unit statement.

B) **A variable amount**, equal to the Debit balance outstanding on the unit statement

C) **a variable amount** up to a limit of R _____

on the ____ day of each and every month commencing on _____ and continuing until _____, or until termination of our agreement or until cancelled by me/us in writing. 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 through a computerised system provided by the South African Banks and I also understand that the details of each withdrawal will be printed on my bank statement.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty day's 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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)

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 its rights to any third party without my/our prior written consent and that I/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.

I/We understand that it is my/our responsibility to ensure that I/we have sufficient funds in my/our bank account, to allow for the timeous processing of this debit order instruction. I also understand that any rejection will render this agreement void, resulting in the immediate cancellation of the debit order agreement.

Trafalgar may add to the above **minimum** requirements.

NOTE : A cancelled cheque should be attached for bank identification purposes. (Current accounts only)

Signed at _____ on this _____ day of _____ 20____

SIGNATURE AS USED FOR SIGNING CHEQUES

Assisted by (Where legally necessary)

Capacity

Please complete ALL details