` Debit Order Authorisation Instruction

Debit Order Authorisation Instruction

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| JUTA & COMPANY | **Please fax or email completed debit order for attention**:  **Liesl Brown Fax: (021) 659 2690**  **Phone: (021) 659 2494**  **Email: creditcontrol@juta.co.za** |

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| **(A)AUTHORITY – CUSTOMER DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
| Account Number | | |  | | | ID/Reg no. | | |  | | | | | | | | | | | | | |
| Name | | |  | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | |
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| Invoice No. | | |  | | | | | | | | | | | | Code | | |  | | | | |
| **DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:** | | | | | | | | | | | | | | | | | | | | | | |
| Bank | |  | | | | | | | | | | | | | | | | | | | | |
| Branch Name | |  | | | | | | | | | | | | | | | | | | | | |
| Branch Number | |  | | | | | Type | Cheque | |  | | Transmission | | | | |  | | Savings |  | | |
| Account Number | |  | | | | | | | | | | | | | | | | | | | | |
| Abbreviated Name (Registered at bank) | | JUTACOMP | | | | | | | | | | | | | | | | | | | | |
| This signed Authority and Mandate refer to our contract dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“the Agreement”)  I hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days.  The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, over a period of  **6 months or 12 months**  In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.  Payment instructions due in December may be debited against my account on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.  (B) Mandate  I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.  (C) 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.  (D) Assignment  I/We agree that although this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.  (E) All future purchases will be amortized, interest-free, over either a 6 or 12month period as elected by the Customer on this authorization.  (F) A Juta subscription account will be opened for new customers subject to standard credit reference checks and approvals. | | | | | | | | | | | | | | | | | | | | | | |
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|  | | |  | | | | | |
|  | Signature | | |  | Date | | | | | | Place | | | | | | | | | | | |
|  |  | | |  |  | | | | | |  | | |  | | | | | | |  | |
|  | |  |  |  | | --- | --- | --- | | Signature as used for signing cheques | Assisted by (where legally necessary) | Capacity | | | | | Assisted by (where legally necessary) | | | | | | | | | Capacity | | | | | | | | |
| **NOTE: A cancelled cheque should be attached for bank identification purposes. (Cheque Accounts only)**  (G) Agreement Reference Number  **This Agreement reference number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** | | | | | | | | | | | | | | | | | | | | | | |
| Juta and Company. Ltd • Reg. No. 1919/001812/06 • VAT Reg. No. 4520113319 • Website: www.jutalaw.co.za  1st Floor, Sunclare Building, 21 Dreyer Street, Claremont, 7708 • PO Box 24299, Lansdowne 7779 • Docex Number DX 326, Cape Town • Tel: +27 21 659 2300, Fax: +27 21 659 2360 | | | | | | | | | | | | | | | | | | | | | | |