



Debit Order Authorisation Instruction

Please fax or email completed debit order for attention:
 Nomahlubi Amisi Fax: (021) 659 2690
 Phone: (021) 659 2494
 Email: creditcontrol@juta.co.za

(A) AUTHORITY - CUSTOMER DETAILS

Account Number		ID/Reg no.	
Name			
Address			
Invoice No.		Code	

DETAILS OF MY/OUR BANK ACCOUNT ARE AS FOLLOWS:

Bank					
Branch Name					
Branch Number	Type	Cheque	<input type="checkbox"/>	Transmission	<input type="checkbox"/>
				Savings	<input type="checkbox"/>
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 is deducted on the 1st of each month.
 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.
 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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.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.

Signature	Date	Place
Signature as used for signing cheques	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 _____.