

DEBIT ORDER AUTHORISATION FORM

I Prof/Dr/Mr/Mrs/Miss: _____ (Full Names) I.D.No: _____

Residential Address:	Postal Address:
Suburb:	Suburb:
City:	City:
Postal Code:	Postal Code:
Tel. No (Home):	Cell No.:

Hereby instruct and authorise SAFE to debit my bank account every month on:

the _____ day of the month, for the amount of R_____.

All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by notifying SAFE, giving thirty days notice in writing, however, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

BANK DETAILS

Account Holder	
Name of Bank	
Branch Name	
Branch Code	
Amount	

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

Signature: