

AUTHORITY TO DEBIT ACCOUNT

Given by (Name of Account Holder) :	
ADDRESS :	
BANK :	BRANCH CODE :
ACCOUNT NUMBER :	ACCOUNT TYPE :
AMOUNT :	
DATE :	
TO :	KCS Office Management (Pty) Ltd t/a Nashua Limpopo
ADDRESS :	P O Box 716 POLOKWANE 0700
Abbreviated name as it appears on your bank statement	RE_NASHLIM

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account at my/our abovementioned 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 obligation 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, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instruction so authorised to be issued must be issued and delivered as follows :

- i. On the ____ day (payment day) of the month commencing on _____. In the event that the payment day falls on a Sunday or recognized public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in the (my) 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/our account.
- ii. Monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly, or once-off (delete which is not applicable), 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 obligated due.

Payment instructions due may be debited against my account on _____ (Date)

Signed at _____ on this _____ day of _____ 20____

 Signature as used for operating on the account

 Assisted by

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which number must be included in the said payment instruction and if provided to me should enable me to identify the Agreement.

This number must be added to this form in Section D before the issuing of any payment instruction.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructios had been issued by me/us personally.

B. 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.

C. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to a third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.