



# DEBIT ORDER APPLICATION

I/We, the undersigned:

Business Name: \_\_\_\_\_

Business Reg No: \_\_\_\_\_

Contact person: \_\_\_\_\_ Designation: \_\_\_\_\_

ID.No: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Business Address: \_\_\_\_\_ Code: \_\_\_\_\_

Tel No (w): \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Cell : \_\_\_\_\_ E-mail: \_\_\_\_\_

## YOUR BANK DETAILS

Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Branch Code: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Account: \_\_\_\_\_ (e.g. Cheque, Savings, etc)

Account Holder's Name (If different from applicant) \_\_\_\_\_

Authorized Signature/s (I) \_\_\_\_\_ (II) \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize **the MFSa** to debit the bank account of.....with R\_\_\_\_\_per month, on the **LAST WORKING DAY** of each month, being subscriptions due by the entity to **MFSa** as per details set out above. This instruction to be implemented with effect from the last working day of \_\_\_\_\_20\_\_\_\_\_. Should there be a reasonable increase in member subscriptions, I duly authorize for this increase to be debited against the account.

I/We acknowledge that the party hereby authorized to effect the drawing(s) against the account will not be entitled to 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 authorized party.

This authorization shall be terminated by either party giving 7 (seven) days written notice thereof.

MicroFinance South Africa  
P O BOX 75437, LYNNWOODRIDGE,0040  
Landmark Link Building  
13 Umgazi Street, Menlopark

TELEPHONE: 012 346 1081  
Fax: 012 346 1082  
Email: info@mfsa.net