

DEBIT ORDER INSTRUCTION

Name: _____

Address: _____

Tel No: _____

Date: _____

To: **Micomp**
P.O.Box 454
Roodepoort
1725
FAX (011) 618-2375

Dear Sirs

ADSL/Maintenance Agreement Dated _____

The details of my/our bank account are as follows:

BANK _____
BRANCH NAME AND TOWN _____

BRANCH NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT Current (Cheque/Savings/Transmission)

I/We hereby instruct and authorize you to draw against my/our account with the abovementioned bank (or any other bank branch to which I/we may transfer my/our account) the sum of R _____ the amount necessary for payment of the monthly installment due in respect of the abovementioned agreement. on 1st day of each and every month commencing on _____ and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African banks and I also understand that the detail of each withdrawal will be printed on my bank statement or on an accompanying voucher. We agree to pay any bank charges relating to this debit order instruction

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be)

ASSIGNMENT

We acknowledge that the party hereby authorized to effect the drawings against my/our account may not code 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 authorised party.

NOTE: A cancelled cheque should be attached for bank identification purposes (Current Accounts only). The user may add to the above minimum requirements.

Signed at _____ on this _____ day of _____

Signature as used for signing cheques

Assisted By
(Where legally necessary)

Capacity