



Building 7, Manhattan Office Park, 16 Pieter Street, Highveld Technopark, Centurion, 0169

Postnet Suite 189, Private Bag X2, Raslouw, 0109

Tel: (012) 004 0504 Fax: (012) 004 2192 E-mail: info@resolvetechnology.co.za

Website: www.resolvetechnology.co.za

Bank Debit Order Instruction

| | | | |
|--------------------------------------|--|------------------|-------------------|
| Given by (name of account holder) | | Date | |
| Address | | Contact Number | |
| | | Amount | |
| | | Abbreviated name | RESLVETECH |
| | | Account No | |

The details of my/our account are as follows:

| | | | | | | | | | | | | | |
|-----------------|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| BANK | | | | | | | | | | | | | |
| BRANCH TOWN | | | | | | | | | | | | | |
| BRANCH CODE | | | | | | | | | | | | | |
| ACCOUNT NAME | | | | | | | | | | | | | |
| ACCOUNT NO | | | | | | | | | | | | | |
| TYPE OF ACCOUNT | Current / Saving / Other | | | | | | | | | | | | |

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

I/We 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 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 as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the preceding ordinary business day.



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Payment Instructions due in December may be debited against my account on _____

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 details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

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.

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.

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 that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Assisted by)

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER: _____

DATE CAPTURED: _____

WHMCS UPDATED: _____