Postbank
A member of the Post Office group

Credit Order Instruction

This form must be used to authorise Postbank to debit a Postbank account and to pay the specified amount into a designated third party's bank account via ACB.

New Application		Change		Cancellation	

PARTICULARS OF APPLICANT

Surname				Title	
Name(s)	1	2		3	
Identification Number					
Telephone Numbers	Home ( )	Business ( )		Fax ( )	
Cell Number		E-mail Address			
Residential Address					
				Code	
Postal Address					
				Code	

PARTICULARS OF POSTBANK ACCOUNT AND MONTHLY DEDUCTION REQUIRED

Postbank Account Number					
Amount to be Deducted	R	c	Payment Frequency	Once Off payment	Monthly payment
Amount in Words					
Commencement Date	Y Y Y Y M M D D	Day of Month on which monthly deductions must be made			

I/We hereby instruct and authorise Postbank to draw against my account the amount specified above once off or each and every month commencing on commencement date and continuing until cancelled by me/us in writing. All such withdrawal(s) from my/our bank account by you shall be treated as though they had been signed by me/us personally and must be transferred on my behalf to the bank account specified below.

I/We understand that the withdrawal(s) hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this debit order instruction.

Postbank cannot be held responsible for any loss whatsoever where incorrect account detail is provided.

PARTICULARS OF ACCOUNT INTO WHICH FUNDS MUST BE TRANSFERRED

Name of Account Holder									
Bank		Branch Name / Town							
Branch Number		Type of Account:	Current		Savings		Transmission		
Bank Account Number									
Payment Reference (to appear on Beneficiary account)									

This authority may be cancelled by me/us by giving thirty days' notice in writing, sent by prepaid registered post, or delivered personally to any Post Office, and I/we understand that I/we shall not be entitled to any refund of amounts which have been deducted while this authority was in force.

Signed on this ……. day of ……..20……

……	……	……
Signature of Postbank account holder	ASSISTED BY (Where legally necessary)	CAPACITY

FOR OFFICE USE

Signature of Checking Officer		Date Stamp
Salary Reference Number		
Branch / Division Name		
Office Telephone Number		

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