



URGENT FAX/E-MAIL TRANSMISSION

ATT: Carina Van Heerden
Accountant – Tshwane Place of Safety Association
FAX: +27 (12) 343 8653
EMAIL: tposa@placeofsafety.org.za
RE: DEBIT ORDER AUTHORITY

AGREEMENT WITH

Tshwane Place of Safety Association

I/WE (NAME): _____

POSTAL ADDRESS: _____

CODE: _____

CELL NO: _____ E-MAIL: _____

Hereby authorize **Tshwane Place of Safety Association** utilizing the services of BDB Data Bureau, to draw

THE AMOUNT OF _____ per month against my/our account at:

BANK NAME: _____

BRANCH NAME: _____

BRANCH CODE : _____

ACCOUNT NUMBER: _____

Or any other bank or branch to which I may transfer my/our account on the _____ day of each
and every month commencing on **STARTING DATE:** _____ until termination by either party.

This Authority may be cancelled by me/us by giving:

Tshwane Place of Safety Association, 30 days notice in writing, sent by prepaid registered post, but I/we
understand that we shall not be authorized by any refund of amounts which **Tshwane Place of Safety Association**
may have withdrawn while this authority was in force.

I/We agree to pay any Bank Charges relating to this debit order instruction and also understand that each
withdrawal will be reflected on my/our bank statement and **identified by a code "BDBTPOSA"**.

Should *unpaid item* occur, **the client** is liable for a cost of **R50-00**.

ASSIGNMENT:

I/We acknowledge that the party hereby authorized to affect the drawing(s) against my/our account may not cede or assign
any of its rights to any third party without my/our prior consent.

DATED AT _____ ON THIS _____ DAY OF _____ 20_____.

Signature

Witness



Standard Bank

Current Account no: 012781282

Menlyn Branch code: 012345