

GO GREEN DIRECTORY



www.gogreendirectory.co.za

info@gogreendirectory.co.za

2014/044843/07

Debit Order Authorization

A. Authority

Given by : (name of account holder) _____

Address : _____

Bank : _____

Branch and Code : _____

Account Number : _____

Type of Account : Current Savings Transmission

Amount : Option 1: **R49** Option 2: **R99** Option 3: **R300** Other: _____

Date: 20th 25th

To : Premium Directories Pty LTD - T/A Go Green Directory

PO Box 13578, Riverside, 1226

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 date _____ 2017 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 **monthly**.

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. A reference number for my debit order will be provided by Go Green Directory after submission of this form. Such must contain a number and if provided to me should enable me to identify the Agreement.

B. 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.

C. 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.

D. 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 _____ 2017.

(Signature as used for operating on the account)

(Assisted By)