

STRATCOL USER NUMBER: 7921
 USER / BUSINESS NAME: APD Free State
 REGISTERED ABBREVIATED NAME: APDFREESTA
 (The Abbreviated Name is the reference to appear on your bank statement)
 USER / BUSINESS PHYSICAL ADDRESS:
 Park Road 47
 Bloemfontein
 9301



FREE STATE

Association of & for
 Persons with Disabilities

DEBIT ORDER AUTHORISATION FORM

(Please ensure that all required fields are completed in full & both pages signed and dated)

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID / Registration No: _____ Name & Surname / Company Name: _____
 Address: _____ Code: _____
 Contact Details: (Home) _____ (Mobile) _____ (Work) _____
 (E-Mail) _____
 If Company / CC; name of person (s) signing this: _____
 Account Holder Name: _____ Bank: _____
 Branch / Code: _____ Account Number: _____
 Account Type: CURRENT SAVINGS TRANSMISSION OTHER
 If "Other" – Please supply details: _____

COLLECTION INSTRUCTION:

Interval: Once-Off Monthly Quarterly Biannually Annual Weekly Biweekly

Is this limited to fixed amounts, or to debits due in future that may vary? Fixed Amounts:
 Variable Amounts:

Please Note: If variable amounts are selected, the amount(s) hereunder may be exceeded.

- Once-Off Transaction:
 Collection Date: dd ____ / mm ____ / 20____ R _____ . ____ (Amount)
- Recurring Transactions: CONTINUE INDEFINATELY UNTIL CANCELLED BY THE DEBTOR? YES NO
 1st Collection Date: dd ____ / mm ____ / 20____ R _____ . ____ (Amount)
 Day of month thereafter: _____ (1st – 31st) Annual Escalation: _____ (%) Escalation Month: _____
- If not indefinitely: _____ (number of deductions) dd ____ / mm ____ / 20____ (final date)
- If interval selected is weekly; please circle suitable day: **MON / TUE / WED / THU / FRI / SAT**

I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the StratCol User above. (I confirm that I am the person and/or we are the parties with signature authority as registered with my / our bank).

SIGNATURE (1): _____ SIGNATURE (2): _____ DATE: _____

FOR OFFICE USE ONLY

EFT NAEDO

Client Reference Number: _____

NAEDO TRACKING (Please Circle): 1D / 2D / 3D / 4D / 5D / 6D / 7D / 8D / 9D / 10D / 14D / 21D / 32D

AGREEMENT

I / We hereby authorise STRATCOL to issue and deliver payment instructions to my / our banker for collections against my / our abovementioned account at my / our above mentioned bank.

The individual payment instructions so authorised to be issued, must be issued and delivered according to the above mentioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I / We agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday), I / we agree that the payment instruction may be debited against my / our account on the following or previous business day.

NAEDO

Allows for tracking of dates to match with flow of Credit at no additional cost to myself / ourselves. I / We authorise the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to myself / ourselves.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me / us, by giving the StratCol User notice in writing of no less than the interval (as indicated on the Authorisation) and sent by prepaid registered post or delivered to his / her / its address indicated above.

MANDATE

I / We acknowledge that all payment instructions issued by the StratCol User shall be treated by my / our above mentioned bank as if the instructions had 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 also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the StratCol User.

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.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT:

(1) _____ (2) _____