DIRECT DEBIT AUTHORIZATION

Party to be Credited.....

Nexion SA (Pty)Ltd
Tel: 021 510 0240
Fax: 086 654 6016 or 021 510 0241
Email: info@nexion.co.za
Website: www.nexion.co.za
Unit 16, Block 1,
Northgate Island, Ysterplaat
Cape Town,7405

INSTRUCTIONS

This document represents a valid mandate to debit signatories account for services rendered by Merchant. This signed document must be on file prior to initiating any debit transaction to the account below, and must be kept on file for 5 years.

Date Signed : D D M M Y Y Y Y

1. ACCOUNT HOLDER DETAILS

ID or Ref Number:

Provide an address for applicant / account holder.
(circle one) Residential / Postal / Business

Account Holder:

Address Line 1:

Postal / Address Line 2:

City: **Postal Code** :

Country:

Email:

Telephone / Cell Phone:

2. ACCOUNT DETAILS

Provide details of bank account to be debited:

Account Name:

Account Number: **Account Type**:

Bank Name: **Branch Code**:

Provide details for direct debit transactions. START DATE (First Deduction) D D M M Y Y Y Y **Repayment Period**: **(Max 18 Months)**

TOTAL amount to be collected: **R** --- **C** **Trnx Ref**:

4. LEGAL

I/we understand and agree that I/we are ultimately responsible for the entire bill for goods and services rendered. I/we hereby request "instruct" and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/own account),or credit card in respect of all sums which now or in the future may be or become due and payable by me, however arising and will continue until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account or credit card by you shall be treated as though they had been signed by me/us personally. I/we understand that the withdrawals hereby authorized will be processed through a computerized system provided by Nexion SA(Pty) Limited and by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank or credit card statement or on and accompanying voucher. I/we agree to pay any bank charges relating to this debit order / credit card instruction. In the event of any rejection of this debit order due to lack of funds or any other reasons under my /our control, a penalty of R100.00 will be levied. This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post. I/we understand that 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. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be). ASSIGNMENT: I/we acknowledge that the party hereby authorize to effect the drawing(s) against my/our bank account or credit card my not cede or assign any of its rights to any third party without my/our prior written consent. I/we may not delegate any of my /our obligations in terms of this contract authority to any third party without prior written consent of the authorized party.

5. SIGNATURE

I hereby grant permission to the specified Service Provider Nexion to retrieve funds due as outlined in the agreement above.

Signature

Assisted by (Where legally necessary)

FOR OFFICE USE ONLY

Verified :

Submission Date : D D M M Y Y Y Y

Signed :