

- Community Housing and Commercial Property Administration
- Rentals and Sales
- Financial Administration

- A Member of the National Association of Managing Agents
- Registered with the Property Practitioner Regulatory Authority (PPRA)
- Registered with the Council for Debt Collectors

**RENTALS DIVISION: ELECTRONIC DEBIT ORDER INSTRUCTION**

Please be advised that by completing the debit order instruction you are legally requesting that your bank account be debited on a monthly basis with the full amount owing on your account, such amount payable may vary.

This form will be used to update or change owner information.

*\*Please complete in full and tick where required\**

**IMPORTANT:** This form, and written notification of any changes in the banking details reflected herein, must be received by Bellbuoy's offices before the **10<sup>th</sup>** of the month prior to the commencement of payments and/or any required changes to details.

IN FAVOUR OF THE PROPERTY KNOWN AS

*(Please complete as detailed on your Statement OR Contribution Insurance Schedule)*

REFERENCE No.  UNIT No.  ERF No.

**CLIENT DETAILS**

NAME & SURNAME

ADDRESS

TELEPHONE CODE  NUMBER  CELL No.

FACSIMILE CODE  NUMBER  E-MAIL

**BANK ACCOUNT DETAILS**

BANK

BRANCH  BRANCH CODE

ACCOUNT No.

ACCOUNT TYPE Cheque  Savings  Transmission

NAME & SURNAME OF ACCOUNT HOLDER

DEDUCTION DATE: 1<sup>st</sup> or next working day in the month  **OR** 25<sup>th</sup> or next working day in the month

**A. Authority**

This signed Authority and Mandate refers to our contract dated: \_\_\_\_\_ ("the Agreement").

I/We hereby authorise The Bellbuoy Group 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) the full amount owing on my 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 \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving 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 or by email.

The individual payment instructions so authorised to be issued and delivered monthly. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next working business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This reference number must be added to this form before the issuing of any payment instruction.

