STRATCOL does not benefit from this debit order, it is merely the transaction agency and all funds go directly to The Haven - St. Laurence's Children's Haven. Please return this form to: Kenneth Badenhorst

(Haven Financial Director) at kenneth@symbol.co.za

**DEBIT ORDER FORM**

Surname / Company Name:

Full names / Trading Name:

Physical Address:

Postal Address:

Contact details:

Client Reference Number:

Name of Account Holder:

Account Type:

Name of Bank:

Branch Name:

Credit Card Type:

Last 3 digits of credit card:

Amount R

**D**

**D**

**M**

**M**

**Y**

**Y**

Date of Deduction

Once-Off Deductions:

Amount R

Amount R

**D**

**D**

**D**

**D**

**M**

**M**

**M**

**M**

**Y Y**

**YES**

**Y**

**Y NYO**

Recurring Deductions:

Date of 1st Deduction

Date of 2nd Deduction

**0**

How many successive months after the 2nd deduction above

Or until cancelled

Deduction day in the month

**%**

Annual escalation thereof:

I/We, the client or the duly authorised representative thereof (“the CLIENT”), hereby authorise the entity mentioned below (“Sample ”), STRATCOL LTD and/or its agents, to collect by means of electronic debit from the above account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to Sample , as principal debtor or for any other reason, and to pay same to Sample . The authority so given is restricted to the amount mentioned above and may be deducted on any mentioned 7 working days hereafter.

I accept the following to be applicable hereto:

1.

2.

This authorisation may only be withdrawn with 30 (thirty) days written notice to Sample at its physical address.

I and/or the CLIENT, individually and collectivity hold harmless Sample , STRATCOL LTD and/or its agents against any claim of any nature

arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not;

In the event of the relevant account not having su cient cleared funds to meet any debit, I am aware that a unpaid fee will be debited against the CLIENTS account by its bank and an additional unpaid fee of R will be charged by Sample relating to the return of the debit. I accept the responsibility to ensure su cient cleared and available funds to the minimum of the limit above (or as amended from time to time).

Any reference to the entities above includes a reference to any successor in title or in appointment;

This authorisation is not an amendment to any speci c arrangement regarding payment of accounts and serves merely as an arrangement as the method of payment, in part or in full and any account with Sample will only to be credited once actual payment is received by the Sample , and

Should any dispute arise about Sample’s right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.

3.

4.

5.

6.

DATE:

SIGNATURE:

**0**

**0**

**0**

**0**

STRATCOL REF:

**COLLECTION INSTRUCTION - please tick the applicable**

**CHEQUE**

**TRANSMISSION**

**SAVINGS**

**OTHER**

Account No: Branch Code:

Credit Card No:

**DONOR**

ID No / Registration No:

**HOME**

**WORK**

**MOBILE**

**E-MAIL**

**FAX**

**DONOR**