

PLEASE COMPLETE
AND FAX TO:

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AGENT FAX NUMBER

* MANDATORY INFORMATION

** REQUIRED IF ACCOUNT HOLDER IS A COMPANY OR CLOSE CORPORATION. DELETE IF NOT APPLICABLE.

LETTING AGENCY DETAILS

AGENCY NAME

CONTACT PERSON

POSITION

CONTACT NUMBER

EMAIL ADDRESS

TENANT DETAILS

NAME & SURNAME*

ID NUMBER*

ADDRESS*

CONTACT NO. (CELL)*

CONTACT NO. (HOME)

CONTACT NO. (WORK)

DEBIT ORDER DETAILS

DATE OF 1ST DEBIT ORDER*

DEBIT ORDER DAY

PROPERTY DETAILS

AMOUNT

BANK ACCOUNT FOR DEBIT ORDER COLLECTION

NAME OF ACCOUNT HOLDER*

NAME OF BANK

ACCOUNT NO*

ACCOUNT TYPE*

 CURRENT / CHEQUE SAVINGS OTHER _____

BRANCH CODE*

PROPERTY PAYMENT SOLUTIONS (PTY) LTD PROCESSES ALL PAYMENTS.

I/we hereby authorise Property Payment Solutions (Pty) Ltd to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) as per instruction of the Agent, the amount due by me to the Agent, when required by the Agent. All such withdrawals from my/our bank account by Property Payment Solutions (Pty) Ltd shall be treated as though I/we had signed them personally.

I/we understand that the withdrawals hereby authorised, will be processed by Property Payment Solutions (Pty) Ltd through a system known as the ACB Magnetic Tape Service (in the case of Bank Debit Orders) and I/we also understand that details of each withdrawal will be printed on my/our account statement.

I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by me/us by giving the Agent thirty (30) days notice in writing, but I/we understand that I/we shall not be entitled to any refund of amounts withdrawn while this authority was in force if such amounts legally owed. Receipt of this instruction by the Agent shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

**I/we hereby confirm that I/we have full authority to sign on behalf of the company / close corporation.

Signed at _____ on _____ 20 _____

NAME OF ACCOUNT HOLDER

SIGNATURE OF ACCOUNT HOLDER