



DEBIT ORDER APPLICATION

I/We, the undersigned:

Business Name: _____

Business Reg No: _____

Contact person: _____ Designation: _____

ID.No: _____

Postal Address: _____ Code: _____

Business Address: _____ Code: _____

Tel No (w): _____ Fax: (____) _____

Cell : _____ E-mail: _____

YOUR BANK DETAILS

Name of Bank _____ **Account Number** _____

Branch Code: _____ **Branch:** _____

Type of Account: _____ (e.g. Cheque, Savings, etc)

Account Holder's Name(If different from applicant) _____

Authorized Signature/s (I) _____ (II) _____

Date: _____

I hereby authorize **the MFSa** to debit the bank account of.....with R_____per month, on the **LAST WORKING DAY** of each month, being subscriptions due by the entity to **MFSa** as per details set out above. This instruction to be implemented with effect from the last working day of _____20_____. Should there be a reasonable increase in member subscriptions, I duly authorize for this increase to be debited against the account.

I/We acknowledge that the party hereby authorized to effect the drawing(s) against the account will not be entitled to cede or assign any of its rights to any third party without my/our prior written consent and that 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.

This authorization shall be terminated by either party giving 7 (seven) days written notice thereof.

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