

The details of my/our bank account are as follows:

COMPANY NAME:			
NAME(S) OF ACC. HOLDER(S):			
BANK:			
BRANCH NAME:			
BRANCH NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAYMENT FREQUENCY:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/>
SUBSCRIPTION TYPE:	Custom 8 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/>	Pre-Select 10 <input type="checkbox"/> 15 <input type="checkbox"/>	Back Issue 10 <input type="checkbox"/> 15 <input type="checkbox"/>
SUBSCRIPTION QUANTITY:			

I/We hereby "instruct and" authorize DLT Media SA (Pty) Ltd to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for payment of the installments/premium due in respect of the above mentioned agreement on the 1st, 15th or 25th day of each and every month commencing on the 1st, 15th or 25th and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our account 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 South African banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent prepaid registered post, but I/we understand that I/we shall not be entitled to any refund amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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 m/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorized to effect the drawings against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we not delegate any of my/our obligations in terms of this contract/authority to any party without the prior written consent of the authorized party.

NOTE: A cancelled cheque should be attached for bank identification purposes. (Current Accounts Only).

The User may add to the above mentioned requirements.

Signed by	Date:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
SIGNATURE(S) AS USED FOR SIGNING CHEQUES	NAME IN FULL
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company Registration Number/Practice Number (If Sole Proprietor, please provide ID Number)	CAPACITY

FOR OFFICIAL USE ONLY:

CLIENT NUMBER:
CLIENT NAME (PER FESCALO):