



DEBIT ORDER AUTHORITY FORM

Full Name _____ Building Name _____ Tel No (W) _____
I.D No. _____ Unit Number _____ Tel No (H) _____
Email Addr. _____ Trafalgar Acc # _____ Tel No (Cell) _____

To: Trafalgar Property Management, P O Box 19622, Tecoma, 5214.

The details of my account are listed below and I hereby instruct and authorise you to draw the following amounts against my account with the below-mentioned bank, or any other bank to which I may transfer my account,

Name of Bankers _____ Branch Code _____
Bank Account number _____ Account Type (Current/Savings/Transmission) _____

Debit Order Amount - (Please select your preferred Option A or B):

- A. A fixed amount of R_____ the amount necessary for payment of the monthly Rental/Levy due, this fixed amount will attract automatic yearly adjustments in line with any annual rental or levy increases.
- B. A variable amount, equal to the Debit balance outstanding on the unit statement.

Debit Order Processing Date – (Please select your preferred Date):

- A. On the [please select your preferred debit order processing date].
- B. This debit order agreement to commence on _____ (MM/YYYY) and to be concluding upon the termination of our agreement or until cancelled in writing with one month's calendar notice.

1. This authority and any subsequent changes must be given in writing, electronically by email or telephonically with voice recorded calls.
2. This authority to debit allows for tracking of dates to match with flow of Credit, at no additional cost to myself.
3. I authorise the originator to make use of the tracking facility as provided for in the Edo system at no additional cost to myself.
4. All such withdrawals from my bank account shall be treated as though they had been signed by me personally.
5. I agree to pay any bank charges relating to this debit order instruction including any debit order rejection fees.
6. All cancellations must be in writing with thirty days' written notice sent by prepaid registered post or electronically by email to debitorders@trafalgar.co.za
7. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.
8. I understand that it is my responsibility to ensure that I have sufficient funds in my bank account, to allow for the timeous processing of this debit order instruction.
9. I understand that after two subsequent rejections, this agreement will be rendered void and will result in the cancellation of my debit order instruction.
10. I understand that Trafalgar could add to the above minimum requirements.
11. I acknowledge that this authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to that third party.

Signed at _____ on this _____ day of _____ 20_____

SIGNATURE AS USED FOR SIGNING CHEQUES

Assisted by (Where legally necessary)

Capacity/Designation

Please complete **ALL** details