CWN VOIP DEBIT ORDER

Reg. Nr. 2005/036247/23 015 297 3962 □ 015 295 5985 □ 087 750 6506 FAX: 086 546 5543 □ info@capricom.co.za

BANK DEBIT ORDER INSTRUCTION

Client Name:	
Address :	
The details of my bank account are as follows:	
ACCOUNT NAME:	BANK NAME :
ACCOUNT NO. :	BRANCH/TOWN:
TYPE OF A/C :	BRANCH NO. :
(savings, current, transmission)	
I/we hereby request and authorize you to draw against my/ou which I/we may transfer my/our account) the sum of – please ti	r account with the abovementioned bank (or any other bank or branch to ick box:
R50.00 per month (SOHO line)	
R100.00 per month (Business line)	
on the following day of the month, or nearest working day:	
agreement dated as indicated below. All such withdrawals from me/us personally. I/we, the undersigned, "instruct" and authoriz understand that if bank details have been supplied the withdraw that details of each withdrawal will be printed on my/our statement instruction. This authority may be cancelled by means of giving years.	ent of the monthly due to you in respect of our purchases / contract / my/our account by you shall be treated as though they had been signed by ze your agent, Netcash (Pty) Ltd, to draw against my/our account. I/we vals authorized here will be processed by BankServ. I/we also understand ent. I/we agree to pay any banking charges relating to this debit order you thirty days notice in writing, sent by prepaid registered post, but I/we ts, which you have withdrawn whilst this authority was in force if such
	drawing(s) against my/our account may not cede or assign any of its rights
and that I/we may not delegate any of my/our obligations in term	ns of this contract/authority to any third party without prior written consent of
the authorized party	
Signed aton	thisdayof

SIGNATURE AS USED FOR SIGNING CHEQUES