

STRATCOL USER NO: 8644
STRATCOL USER NAME: ARCON PARK RESIDENT
ASSOCIATION
STRATCOL ABBREVIATED NAME: APRA
(This will be the name appearing on your Bank statement)
STRATCOL USER PHYSICAL ADDRESS:
JASMINE STR 4
ARCON PARK
VEREENIGING



DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____
Address: _____ Code _____
Contact Details: _____ (Home) _____ (Mobile) _____ (Work)
If Company / CC, Name of Person(s) signing this: _____
Account Holder Name: _____ Bank: _____
Branch / Code: _____ Account Number: _____
Account Type: _____ If "Other" supply details: _____
: _____

COLLECTION INSTRUCTION:

Interval:

Is this limited to fixed amounts, or to debits due in future that may vary? **Variable amounts:**

Note: if variable, the amount(s) hereunder may be exceeded.

* **Recurring transactions:** CONTINUE INDEFINITELY UNTIL CANCELED BY DEBTOR? YES NO
1st Collection date: dd ____ /mm ____ / 20____ R ____ . ____ (Amount)
Day of Month thereafter: ____ (2-26)

APRA can change the amount at the yearly AGM if Arcon Park residents at the AGM agree to the increase

I / We, the above mentioned and undersigned, hereby authorise StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User above.

(I confirm that I / we are the person(s) with signature authority as registered with my / our bank).

SIGNATURE (1): _____ SIGNATURE (2): _____ DATE: _____

OFFICE USE ONLY

Client reference number: _____ Abbreviated Name: _____

AGREEMENT

I/we hereby authorise STRATCOL to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorised to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorised to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I/we agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

NAEDO

Allows for tracking of dates to match with flow of Credit at no additional cost to myself / ourselves. I / We authorise the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to myself / ourselves.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me / us by giving the Stratcol User notice in writing of not less than the interval (as indicated on the Authorisation) and sent by prepaid registered post or delivered to his / her / its address indicated above.

MANDATE

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned bank as if the instructions had been issued by me / us personally.

CANCELLATION

I / we agree that although this authority and mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / we also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User.

ASSIGNMENT

I / we 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(S) AS USED FOR OPERATING ON THE ACCOUNT
