

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

COMPANY NAME:						
NAME(S) OF ACC HOLDER(S):						
BANK:						
BRANCH NAME AND TOWN:						
BRANCH NUMBER:						
ACCOUNT NUMBER:						
TYPE OF ACCOUNT:						
PAYMENT FREQUENCY:	Yearly:		Half Yearly:		Quarterly:	
SUBSCRIPTION TYPE:	Pre-Select 10:	15:	<b>OR</b> Custom 8:	12:	18:	24:
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 installment/premium due in respect of the above mentioned agreement on the 1st or 15th day of each and every month commencing on the 1st or 15th and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank 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 the 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sent prepaid registered post, but I/we understand that I/we shall not be entitled to any refund amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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 my/our bank (whichever it is or will be).

## ASSIGNMENT:

I/We acknowledge that the party hereby authorized to effect the drawing(s) 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 may not delegate any of my/our obligations in terms of this contract/authority to any third 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 minimum requirements.

Signed by:		Date:
SIGNATURE(S) AS USED FOR SIGNING CHEQUES	NAME IN FULL	
Company Registration Number/ Practice Number (If Sole Proprietor, please provide ID Number)	CAPACITY	

## FOR OFFICIAL USE ONLY:

CLIENT NUMBER:
CLIENT NAME (PER FESCALO):