

**DEBICHECK WRITTEN MANDATE**

**A. AUTHORITY**

Given by: (name of account holder) \_\_\_\_\_

Address: \_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Contact details: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch and code: \_\_\_\_\_

Account number: \_\_\_\_\_ Type of account: Current (cheque) / Savings / Transmission

Collection Date: \_\_\_\_\_

Date Adjustment Rule is applicable: Yes

To: **PROSPERITAS**

Abbreviated Name as Registered with the Bank: **PROSPERITA**

Beneficiary Address: Old Mutual Building, Block C, Ground Floor, 536 Francis Baard Street, Arcadia, Pretoria

I/we herewith agree that the instalment amount is a fixed recurring amount of R \_\_\_\_\_ which must be issued and delivered as follows: **weekly / monthly / once-off (delete that which is not applicable)**. I/we acknowledge that in the event of a re-presentation the maximum instalment amount may be up to 1.5 times the aforementioned instalment amount.

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on \_\_\_\_/\_\_\_\_/20\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The date adjustment rule will be applicable. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will be up to two days preceding the Sunday or public holiday. Payment Instructions due in December may be debited against the account on \_\_\_\_/\_\_\_\_/20\_\_\_\_

If there are insufficient funds in my account to meet the obligation, I hereby authorise you to track my/our account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which number must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section F before the issuing of any payment instruction.

I/We understand that my/our bank will send me/us an instruction to authenticate this Mandate. Should I/we fail to authenticate the Mandate, this payment instruction will be processed in a different payment stream. Confirmation of my Authority and the Mandate will be sent to me in writing prior to processing the debit order against my account.

**B. MANDATE**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally and I/we hereby authorise the bank to debit my account.

**C. AUTHORISATION**

I/We acknowledge that my bank will send an instruction to authenticate this Mandate and should I/we fail to authenticate the Mandate, this payment instruction will be processed in a different payment stream.

**D. 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 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.

**E. 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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

**F. AGREEMENT REFERENCE NUMBER**

This agreement reference number is: \_\_\_\_\_

This signed Authority and Mandate refers to our contract Dated \_\_\_\_/\_\_\_\_/ **20** (“**the Agreement**”) in terms of which I/we are indebted for the total amount outstanding of R \_\_\_\_\_ plus additional Fees and Costs charged as per Annexure B of the Debt Collectors Act 114 of 1998 as well as monthly interest.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**Signature as used for operating on the account**