



SILUMKO CONSULTING CC

CK 2011/042148/203 | Managing Director: **Zolile Njokweni**

Tel: 079 676 3208 | Fax: 086 517 0786

Email: info@silumkoconsulting.co.za

DEBIT ORDER AUTHORISATION FORM

PERSONAL DETAILS

ID NUMBER	<input type="text"/>	TITLE	<input type="text"/>	INITIALS	<input type="text"/>
FIRST NAME/S	<input type="text"/>	SURNAME	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>		CELL NO.	<input type="text"/>	<input type="text"/>
	<input type="text"/>		TEL WORK	<input type="text"/>	<input type="text"/>
	<input type="text"/>		TEL HOME	<input type="text"/>	<input type="text"/>
POSTAL CODE	<input type="text"/>	E-MAIL ADDRESS	<input type="text"/>		

PLEASE CHOOSE FROM THE FOLLOWING AFFORDABLE MONTHLY PAYMENT OPTIONS. PLEASE TICK (v) AN APPROPRIATE BOX.

R250.00 R300.00 R500.00 R1000.00 OTHER AMOUNT R

PLEASE NOTE: FEES EXCLUDE A NON-REFUNDABLE ADMINISTRATION FEE OF R500.00 OR R250 x 2 PARTS.

DEBIT ORDER AUTHORISATION

I hereby authorise **Silumko Consulting** to draw against my bank account an amount of R..... for the period of 6/ 12/ 24/ 36 months, commencing on the..... (Day) of..... (Month) 20.....(Year) and future debit on the..... (Day) of the month and thereafter until the total amount of R has been paid in full.

I authorise my bank whichever it is (or will be) to debit my account with such amount drawn against it by **Silumko Consulting** in terms of this authorisation. All such withdrawals from my bank account by you shall be treated as though they had been made by me.

BANK

ACCONT HOLDER

ACCOUNT NUMBER

BRANCH NAME

BRANCH CODE

ACCOUNT TYPE

I, the undersigned, understand that **Silumko Consulting** will inform me if the amount quoted above is altered. I also accept the following conditions of this authorisation:

1. **Silumko Consulting** may cancel the debit order should my bank disallow a debit against my account on two (2) consecutive occasions because of insufficient funds or any other reason,
2. The charge, if any, levied by my bank for debit order transactions will be for my account,
3. Should my payment be "referred to drawer" an appropriate transaction fee will be levied.

FNB BRANCHCODE: **201409**
 ACCOUNT: **GOLD BUSINESS ACCOUNT**
 ACCOUNT NUMBER: **62785073025**
 BANK NAME: **FNB**

NB: Please use your name and surname as your reference and send copy back to us after signing.

CLIENT SIGNATURE:

DATE: