KOPANANG LEGAL

Your Partner in Justice

DEBIT ORDER INSTRUCTION: USAGE-BASED DEBICHECK PAYMENT

A. AUTHORITY GIVEN BY:

Name of Account Holder (full name & surname):			
Identity Type (RSA ID, Passport or Temp ID):			
Identity Number:			
Cellphone Number:			
Email Address:			
Address:			
Bank details			
Bank Name:			
Branch:		**Branch code**	
Account Number:			
Type of account (Current/Savings/Transmission):			
Abbreviated Shortname as registered with the acquiring bank:	**KOPANO**		
Refer to our Contract Reference Number:	**Unique reference per client**		

Payment Details

Recurring Collection – Day: _____ Amount: _____Recurring Commencement Date: _____

Frequency of recurring collection: **Monthly.** Date Adjustment Rule (If collection day can be amended – Yes/No): ___Yes___

Maximum Amount: _____. If adjustments are to be made in future, Rate: ____100%_____

Beneficiary Details

To (Beneficiary**): Kopano Legal Inc. t/a Kopanang Legal** Beneficiary Address: **20223 Moshoeshoe Street, Zone 14, Sebokeng, Emfuleni Local Municipality, 1983**

I/We hereby authorise **Kopano Legal Inc. Kopanang Legal** to issue and deliver payment instructions to the Beneficiary bank for collection against my/our account at my/our bank on condition that the sum of such payment instructions will never differ from my/our obligations as agreed to in the Agreement. The individual payment instructions so authorised to be issued must be issued and delivered as stated above in Frequency and 1st Collection Date (as applicable) 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 include an agreement number. This number must be included in the said payment instruction. This number must enable you to identify the Agreement.

I/we agree that the first payment instruction and recurring payment instructions will be issued and delivered by the above-mentioned dates, and thereafter regularly ACCORDING TO THE AGREEMENT. If, however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the **following business day.**

The use of the tracking facility may be used as provided in the EDO system at no additional costs and the tracking of dates to match with the flow of Credit should any of the debits return as unpaid. Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid. This authority may be cancelled by me/us by giving you 30 calendar days written notice.

B. MANDATE

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

C. 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 legally owed you.

D. 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 on this _____ day of _____20_____.

_____

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT