

Debit Order Form

Email to: collections@smhart.co.za
Office: 0861 10 15 16
4 Disa & Aandblom C-Place /
Jeffreys Bay



Name: _____ Date: _____

Address: _____ Acc: _____

Contact no: _____ or _____

Email address: _____

Account details

Account holder: _____

Bank: _____ Branch: _____

Account nr: _____

Branch code: _____

Amount R _____ to be deducted on the

30th	1st	15th
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day of every month

Effective date: _____/_____/20____

I, _____ acknowledge that the above banking details, are correct and complete. Should the debit order reject due to insufficient funds, fees may be charged in order to present the debit order again. Any changes in banking details will be given in writing. One month's notice will be given to cancel this debit order. I am aware of the annual price increase in monitoring fees as well as the annual admin fee that is due for payment on the 1st of March.

Signed at _____ on the _____ day of _____ 20____

Signature _____

<u>Office use only</u>	Processed date _____
Area/Entity _____	
Run date _____	
Amount _____	
	Administrator: _____