General Email: info@lifco.co.za
Account Enquiries: accounts@lifco.co.za
Telephone: +27 65 026 6982

DEBIT ORDER FORM

COMPANY or PERSONAL NAME (Debtor) _____

Date:	ID/Registration No:
Email:	VAT No:
Physical Address:	Postal Address:
Contact Person:	Contact Number:
Commencement Date:	Recurring Day: (01st - 31st)

Bank Statement Ref: LIFCO (this will appear on your bank statement)

BANK ACCOUNT DETAILS	**COLLECTION INSTRUCTION**
Account Name:	Fixed Amount:
Bank:	Should amounts vary (on agreement), please specify a maximum deduction limit.
Branch Name:	Variable Amount Limit:
Branch No:	For Once Off: ☐ Once Off
Account No:	Once Off Amount:
Account Type: ☐ Cheque ☐ Savings ☐ Transmission	Interval: ☐ Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually

OFFICE USE ONLY

☑ EFT ☐ NAEDO

Client reference number: _____ Abbreviated Name: _____

NAEDO TRACKING (Please circle): 1D/ 2D/ 3D/ 4D/ 5D/ 6D/ 7D/ 8D/ 9D/ 10D/ 14D/ 21D/ 32D

I, the above mentioned and undersigned, hereby authorises Little Falls Community Forum NPC to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the beneficiary entitled hereto. In the event of the relevant account not having sufficient cleared funds to meet any debit, I agree that a penalty fee of R 50 may be debited against my account.

Signatory Initials: _____

Please initial the first page, sign the second page and send a signed copy to us at info@lifco.co.za.

AGREEMENT

General Email: info@lifco.co.za
Account Enquiries: accounts@lifco.co.za
Telephone: +27 65 026 6982

DEBIT ORDER FORM

I/we hereby authorise Little Falls Community Forum NPC to issue and deliver payment instructions to my/our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorised to be issued, must be issued and delivered according to the abovementioned interval 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 carry a number, which number must be included in the said payment instruction and if provided to me/us should enable me/us to identify the agreement on my/our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me/us directly after having been completed by me/us.

I/we agree that the first payment instruction will be issued and delivered as per collection instruction. Subsequent payments instructions will fall on the 01st or 15th of the month unless otherwise specified. If, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I/we agree that the payment instruction may be debited against my/our account on the following or previous business day.

NAEDO

Allows for tracking of dates to match with flow of Credit at no additional cost to myself/ourselves. I/We authorise the originator to make use of the tracking facility as provided for in the EDO system at no additional cost to myself/ourselves.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving the Stratcol User notice in writing of not less than the interval (as indicated on the Authorisation) and sent by prepaid registered post or delivered to his/her/its address indicated above.

MANDATE

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

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 were legally owing to the LIFCO.

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.

I confirm that I/we are the person(s) with signature authority as registered with my/our bank).

Signed at _____ on this _____day of _____ 20 _____.

_____
Signature as used for operating on the account.
For and behalf of the Debtor (Duly Authorised)