BeWell
10 Rutherford Ave
Sunninghill
Sandton, 2191
Tel: 011 234 9838
Fax to: 0866832579
Or email to info@bewell.co.za

BANK DEBIT ORDER AUTHORIZATION / INSTRUCTION

Name (Debtor) :	**Date:**
Address:	**Signatory Name:**
	Contact Tel:

Dear Sirs / Madam

The Details of my bank account are as follow (either Bank Account **or** Credit Card)

A/C HOLDERS NAME :	**CARDHOLDERS NAME:**
BANK:	**CARD NUMBER:**
BRANCH / TOWN:	**EXPIRY DATE**:
BRANCH CODE:	**CVV NUMBER:**
ACCOUNT NO:	(three digit number on back of card)
TYPE OF ACCOUNT:	**CARD TYPE:**
(savings, current, transmission)	(master card, visa)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of

_____(state amount in words)

or any variable amount pertaining to this agreement, on the first working day of each month. This being the amount necessary for the settlement of the monthly due to you in respect of our contract/agreement dated

____/_____/20__.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment:
I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed _____on this _____ day of _____ 20____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS
To Be Fax to: 0866832579