

PO BOX 22929 Helderkruin Roodepoort 1724 Tel: 011 568 1304 hello@virtuallandlines.co.za

Bank debit order instruction / credit card authority:

Full Names		Date	
Address		Contract Ref No (internal)	
Contact No		ID / Co. Reg Number	
Debit Amount		Commencement Date	
Abbreviated name as registered with the bank	VIRTUALLAN	End Date (if applicable)	

Bank Account/Credit Card Details:

Bank Name	Cardholders Name	
Branch Town	Card Number	
Branch Number	Expiry Date	
Account Name	CVV Number (3 digits on the back of the card)	
Account Number	Type of Account (current, savings, transmission)	
CARD TYPE (mastercard, visa)		

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This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:	
i. On the day ("payment day") of each and every month commencing on In the event that Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very not Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to trace present the instruction for payment as soon as sufficient funds are available in my account; Monthly; on or after obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be obligation due;	ext ordinary business day ck my account and re- er the dates when the
I / We understand that the withdrawals hereby authorised will be processed through a computerized system p African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each number, which must be included in the said payment instruction and if provided to you should enable you to payment reference is added to this form before the issuing of any payment instruction. I / We shall not be ential amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you	th transaction will contain identify the Agreement. A itled to any refund of
MANDATE	
I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned by had been issued by me/us personally.	ank as if the instructions
CANCELLATION	
I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not on We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, legally owing to you.	_
ASSIGNMENT	
I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ced third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be as	-
Signed at on this day of 20	
SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS	

(FOR OFFICE USE)

This Agreement reference number is: _