



**DEBIT ORDER INSTRUCTION FORM**

Bank: \_\_\_\_\_

Branch name: \_\_\_\_\_

Account number ; \_\_\_\_\_

Amount: \_\_\_\_\_

Effect date: \_\_\_\_\_

Stop date: \_\_\_\_\_

I certify that the above bank details are correct and I authorize Phaphamani SACCO to draw against my account the payment due as reflected on my monthly statement. If these banking details have not been provided accurately, or if the details change at any time in the future and I fail to notify such changes or if payments are not made in accordance with the Debit Order instruction, the responsibility of payment will rest with me. The SACCO may levy interest charges on overdue accounts and I agree to pay any bank charges relating to this Debit Order instruction.

**Please note: Interest is calculated on a daily basis on the outstanding balance of an overdue account.**

**Member Details:**

Surname: -----

First Name: -----

Employee Number: -----

Company: -----

Employee's Signature: -----

Date: -----

**For Office Use Only**

Secretary: ----- Date: -----

Chairman: ----- Date: -----

Treasurer: ----- Date: -----

**This Authority is to remain in force until cancelled by Phaphamani Savings and Credit Society.**