Armor Financial Services (PTY) LTD
580 Rood Street
Hermanstad
Pretoria
0082

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## **Debit Order Authorisation Form**

Debit Order Adtironsation Form			
	APPLICAN	TS DETAILS	
Last Name		Telephone	
First Name(s)		Cellphone	
ID Number		Fax No	
Title		Email	
Physical Address			
Postal Address			
DEBIT ORDER DETAILS			
The details of my/our bank accoun	t are as follows:	A huas sia ti a sa	ADMODEC
Bank		Abreviation	ARMORFS
Account Holder Name		Start Date:	
Account Number		End Date:	
Branch Code		Collection Day:	
Account Type		Frequency:	bur above-mentioned 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			
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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.			
Signed at (Place)	on(day)/		(Month)/(Year)
(Signature: Customer)	(Signature: Spouse if n		(Assisted by: Name and Surname)
E. Agreement Reference Number  This Agreement reference number is:			