

DEBIT ORDER INSTRUCTION – CONSENT TO OBTAIN ALL NECESSARY INFORMATION FROM THE VARIOUS CREDIT BUREAUX

YOUR NAME

Contact telephone number

PLEASE INDICATE WHICH REGISTRATION OPTION YOU PREFER: (Please note work will only commence once the registration fee has been paid IN FULL)

A) REGISTRATION OF R650

B) GUARANTEED CONSOLIDATION LOAN & CREDIT CLEARANCE – R875.

PLEASE INDICATE WHICH DATE YOU ARE GOING TO PAY THE DEBIT ORDER

DEBIT Date

1st

15

25

Last Day

DEAR SIR/ MADAMS

The Details of my bank account are as Follows:

BANK

NAME OF THE ACCOUNT

BRANCH / TOWN

ACCOUNT NUMBER

BRANCH NUMBER

ACCOUNT TYPE (Savings etc)

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 R_____ (_____ or any variable amount pertaining to this agreement, on the day it was nominated. This being the amount necessary for the settlement of the once of registration fee due to you in respect of our purchases/contract/agreement dated ____/____/____.

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 RealPay (Pty) Ltd - Paym8 (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prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.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

I hereby consent and authorise (in accordance with the new credit act, Act 34 of 2005) Credit Salvage Corporation SA (Pty) Ltd to obtain information from the registered credit Bureaux Transunion ITC and Experian to determine my credit status/ information held by these credit Bureaux as stated and supply me with a detailed credit analysis report including all adverse, judgment, collection and trace alert information. I understand that the information received related to my credit status/ information will be kept highly confidential in accordance with the New Credit Act, Act 34 of 2005 section 68 (1).

SIGNED

ON THIS THE

(Day)

DAY OF

(Month)

200

(Year)

**TO AVOID UNNECESSARY DELAYS
PLEASE MAKE SURE THAT FUNDS ARE AVAILABLE FOR YOUR DEBIT.**