

## AUTHORITY FOR DEBIT ORDER

Name of Client/Business: \_\_\_\_\_

Client ID: \_\_\_\_\_

*The client agrees to the following options:*

The Clients agrees that the amount of R\_\_\_\_\_ may be deducted from their account every month.

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### BANKING & PAYMENT DETAILS + AUTHORITY FOR DEBIT ORDER

**Direct Debit**

*Please debit the client's account in favour of AJH Advertising CC with the total amount owing by the client each month.*

Client's Name: \_\_\_\_\_

Reg / ID Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

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

Branch Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type *(please tick one)*:       Savings       Cheque/Current       Transmission

Debit Order Date *(please tick one)*:       1st       15th

Signed at ..... on this ..... day of ..... 20.....

\_\_\_\_\_  
Client

\_\_\_\_\_  
Rusties Representative