



ATEC Systems and Technologies (Pty) Ltd Trading as MyOwn ISP Menlyn Woods Office Park 291 Sprite Avenue, Faerie Glen 012 991 0960	
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SPECIMEN FORM OF AUTHORITY – PAPER DEBIT ORDER INSTRUCTION

Name of Account Holder:			
ID Number/Registration Number:			
Contact Number:			
Address:			
Bank details			
Bank Name:			
Branch:		Branch code	
Account Number:			
Amount:	Based on invoice/30-day statement		
Type of account (Current/Savings/Transmission)			
Abbreviated Shortname as registered with the acquiring bank:	MYOWNISP		
Refer to our Contract Reference Number:			

I/We hereby authorise ATEC Systems & Technologies (Pty) Ltd trading as MyOwnISP to issue and deliver payment instructions to your banker for collection against my/our above mentioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

I/we agree that the first payment instruction will be issued and delivered on _____ (date) and thereafter regularly on the _____ of each month.

A monthly invoice and/or statement of account clearly reflecting the amount and date of the payment instruction to be delivered shall be provided to the customer.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the **following business day**; or subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing.

B. MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT

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.

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

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT _____