



STOR-ALL HOLDINGS (PTY) LTD

1 Juice St, Honeydew Tel. (011)795-1267/ (011) 794 6563 - Fax (011)794-4624
e-mail: storall@mweb.co.za

Dear Sirs

The details of my/our bank account are as follow:

BANK _____

BRANCH NAME AND TOWN _____

ACCOUNT NUMBER _____ BRANCH CODE _____

TYPE OF ACCOUNT **(CHEQUE SAVINGS TRANSMISSION)**

(DELETE WHERE NOT APPLICABLE)

I/We hereby request, "instruct" 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_____ (and amount in words, "the amount necessary for payment of the monthly installment / premium due in respect of the abovementioned agreement / insurance" on the **FIRST** (1st) day of each month commencing on _____ and continuing (as the case may be). All such withdrawals for my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the ACB Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I/We agree to pay any bank charges relating to this stop orders instruction.

This authority may be cancelled by me/us by giving you 15 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be rewarded as receipt thereof by my/our bank (whichever it is our will be).

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 to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third part without prior written consent of the authorized party.

Signed _____ on this _____ day of _____ 2018

SIGNATURE AS USED FOR SIGNING CHEQUES

PLEASE PRINT YOUR NAME AND INITIALS OR COMPANY'S NAME FOR DEBIT ORDER

ASSISTED BY CAPACITY
(Where legally necessary)