

PEC Utility Management (Pty) Ltd

Company Reg No 2004/032820/07

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pecutilities.co.za

clientservicescpt@pecgroup.co.za



DEBIT ORDER AUTHORISATION - RESIDENTIAL

Please complete and submit this application during office hours, together with clear copies of the following:

- Copy of ID or passport
- A cancelled cheque / copy of blacked-out bank statement / bank confirmation letter

Documents can be faxed or emailed to: clientservicescpt@pecgroup.co.za or (f) 021 949 0241. Kindly confirm receipt thereof.

OFFICE USE

New Account No Primary BP No FB RC

Current Account No

Building Name

Unit No

Title Mr Mrs Ms Dr Prof Initials

Full Names

Surname

Identification Type RSA ID Passport Temporary ID (E.G. Refugee ID)

Identification No Identification expiry date

Country of Issue

Email Address

Landline No Cell No

Physical Address

Code

City

Province

Country

Postal Address Same as physical

Code

City

Province

Country

BANKING DETAILS

Name of Bank

Branch Name Branch Code

Name of Account Holder

Abbreviated Name as Registered with the Bank

Account Number

Type of Account Current Savings

I/We hereby authorise PEC Utility Management (Pty) Ltd to draw against the above mentioned bank account with payments due as indicated on my/our monthly utility invoice, on the 1st or 16th day of each and every month commencing from

TERMS & CONDITIONS

1. I/We hereby confirm that I/we have the authority to complete this application, and certify that the information provided in this form is correct.
2. I/We hereby authorise the Service Provider to issue and deliver payment instructions to their banker for collection against my/our 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.
3. This Agreement will continue until my/our current Debit Order Authorisation mandate is terminated by me/us by giving PEC Utility Management (Pty) Ltd notice in writing not less than 20 (twenty) ordinary business days, and sent by prepaid registered post, delivered to the physical address of PEC Utility Management (Pty) Ltd or faxed or emailed to the Service Provider. I/we understand that I/we shall not be entitled to any refund of amounts which the Service Provider have withdrawn while this authority was in force if such amounts were legally owing to the Service Provider.
4. In the event that the payment date falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the following ordinary business day. I/we understand that in the event that a debit order is rejected by my/our bank, all related bank charges, administration fees plus the full outstanding amount will be payable immediately to the Service Provider.
5. I/we understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I/We also understand that details of each withdrawal will be printed on my/our bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me/us should enable me/us to identify the Agreement.
6. I/we understand that the Service Provider will automatically cancel my/our current debit order authorisation should the debit order be rejected by the bank three consecutive months in a row.
7. I/we acknowledge and agree that payment instructions issued from this Mandate will be treated as payment instructions issued personally by the account holder.
8. Agreement that cancelling the Mandate does not cancel the Agreement. Agreement that the account holder is not entitled to refund for when the Mandate was still active, if such amounts were owed to them.
9. Signed acknowledgement that this Authority may be assigned to a third party if this Agreement is also assigned to a third party.
10. In the event that some information on this form is not correct, I/we hereby indemnify PEC Utility Management (Pty) Ltd, it's owners and staff from any form of liability that may arise as a result hereof.
11. I/We have read and understood the contents of this form and I/we agree to its Terms and Conditions.

Signed on this (day) of (month) (year)

Signature

Full Names & Surname (PLEASE PRINT)