iNFUSSION
Affordable Quality Insurance
www.infussionfinancial.com

HEAD OFFICE: Infussion Financial Services (Pty) Ltd.
Postnet Suit 379, Private Bag X4, Menlo Park 0102
Silver Lakes Office Park, Office Park 1, Block 3
Von Backstrom Boulevard, Silver Lakes, Pretoria
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FORM OF AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS
ABBREVIATED NAME (The short description which will be noticed on your bank statement): INFUSION

A. AUTHORITY:

Name of Account Holder:			Tel:
ID:		Email address:	
Address			
Bank:		Branch and Code	
Account Number			
Type of Account	Current (cheque)	Savings	Transmission
Amount (as per invoice amount, if amount varies monthly		R	
Date of transaction starting			

To: **Infussion Financial Services (Pty) Ltd**
Beneficiary's address: Silver Lakes Office Park 1, Block 3, Von Backstrom Blvd, Silver Lakes
This signed Authority and Mandate refers to our contract dated: _____("the Agreement")

I/We hereby authorise you to issue and deliver payment instruction to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on conditions that the sum of such payment instruction will never exceed my/our obligations as agreed to in the Agreement, and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instruction so authorised to be issued must be issued and delivered as follows: on the _____ day ("payment date") of each and every month commencing on _____. In the event that the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account, monthly; on or after the dates when the obligations in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and communicated to me directly after having been completed by you. I/We shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force, if such amount were legally owing to you.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned 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 shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this authority may be ceded to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, the Authority and Mandate cannot be assigned to any third party. We acknowledge that you utilise the services of StratCol for this collection.

Signed at: _____ on this _____ day of _____

_____
Signature
(As used for operating on the account)