| 0  | erMas        |        | e o o rt |       | l <b>ic</b><br>roperty<br>Tall: 01 | Publi | ic Pro   | opert  | y<br>Fax: 086 609 1276 |  |
|--|--------------|--------|----------|-------|------------------------------------|-------|----------|--------|------------------------|--|
| FU DUX. 0                                    | 2079,1       | Joonnj | , joon,  | 00177 |                                    |       |          |        |                        |  |
| Full Names and Surname (Debtor):<br>Address: |              |        |          |       | Bank Authorization Instruction     |       |          |        |                        |  |
| Home/Office                                  | Cell number: |        |          |       |                                    |       |          |        |                        |  |
| Bank<br>Branch nur<br>Account nu             |              |        |          |       |                                    |       | <u> </u> |        |                        |  |
| Master car                                   | d Numb       | or     |          |       |                                    |       |          |        |                        |  |
| Master Car                                   |              |        |          |       |                                    |       |          |        |                        |  |
| Account ty                                   | De:          |        | ?<br>?   | •     | ue Accou<br>g Accoun               |       | 1        | ,<br>, | Transmission account   |  |

```
Dear Mr / Mrs
```

The Total amount to be deducted from my account is:\_\_\_\_\_

My account must be debited with one of the following option. Choose the date on which your payment must be deducted. – (Only for Cheque and Savings Accounts)

- ? Pay by sending your money with www.paypal.com or www.moneybooker.com to sample@careermasters.co.za
- ? Pay by using alert pay to sample@careermasters.co.za.
- ? Once off debits; The account must be debited once with the mentioned amount on (specify data if any)
- ? Monthly premium subscriptions: The account must be debited with the mentioned amount on the 1<sup>st</sup> day of every month.
- ? Make my payment with an internet Transfer into the account of Career Masters at FNB,
  - Cash Payment do require a extra payment for banking fees of R15.00
    - Branch code (251027)
    - Account number: 62221291165.

Reference: Your email address. Fax the deposit slip plus this document to us after your deposit.

No product or service will be delivered until payment it made or received. Should a debit be returned, the debit will be resubmitted with a 10% penalty fee for each debit until it is honoured.

I/we hereby request and authorize you to draw against my/our account with the mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount mentioned. This being the amount necessary for the settlement of the amount due in respect of purchases/services agreed upon

I/we the undersigned "instruct" and authorize your agent Netcash (pty) LTD, to draw against my/our account. I/we understand that if the bank details have been supplied the withdrawals authorized here will be processed by Bankserv. I/we understand that the details of each withdrawal will be printed on my statement.

I/we agree to pay banking charges relating to this debit order instruction.

This authority may be cancelled by written cancellation. For a monthly debit order it must be done before the 25<sup>th</sup> of every month to claim your premium back. I/we shall not be entitled to any refund of amounts, which have been withdrawn whilst this authority was in force if such amounts were legally owed. The only exception is where the Money-back Guarantee is honoured, Provided that all the requirements for this have been met. A payback penalty of 10% will be with hold on credit card transactions.

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

Signed\_\_\_\_\_\_ on this \_\_\_\_\_\_ day of \_\_\_\_\_ 20 SIGNATURE AS USED FOR SIGNING CHEQUE OR CREDIT COUCHER. To be faxed to : 086 5763603