DIRECT DEBIT TRANSACTION FORM

Merchant Name: RAVENSCROFT CONSULTING

Contact: Sam / Hanlie

Tel: 021-957-4100

Nexion SA (Pty) Ltd
Tel: 0861 639 466
Fax: 086 632 4835
Email: member@nexion.co.za
www.nexion.co.za
M06 Christiaan Barnard Memorial Hospital
181 Longmarket Street, Cape Town
8001, South Africa

1. INSTRUCTIONS

1.1) Please check the appropriate box, and Follow the instruction :

☐ New Registration for Direct Debit (Please complete steps 1,2,4,5,6 and 8)

☐ Previously Registered for Direct Debit (Please complete steps 1,2,3,6 and 8)

1.2.) Complete Form in block letters

1.3.) A copy of ID must be sent with this form. For amendments please use the Member Maintenance Form available from the Nexion website.

1.4.) The Debit order option is only available to South African ID Holders.

1.5.) Fax completed and signed form with a copy of ID document to Nexion Fax: 086 654 6236 or call 0861 NEXION (639 466) for processing.

Original signed form must be kept on file.

The relevant debit parties ID number, Full or Business name must be entered in the space provided bellow this instruction

ID or Reg Number :

How would you prefer to be notified regarding your transactions (Please circle) **Email / SMS / Fax**

Full Name : Title :

2. DEBIT PARTIES DETAILS

Tel: --- --- Fax : --- ---

Cell Phone : --- ---

E-mail Address :

3. TRANSACTION DETAILS

Provide details for direct debit transactions. START DATE (First Deduction) D D M M Y Y Y Y Repayment period: (Max.18 months)

Total amount to be collected : **R** --- Trnx Ref:

4. ACCOUNT DETAILS

Provide details of bank account to be debited: To add additional accounts, please use Member Account Maintenance Form available from the Nexion website:

Account Type (circle one) : **Current / Savings**

Account Holder :

Bank Name :

Account number: Branch Code :

5. ADDRESS DETAILS

Provide an address for applicant / account holder. To add additional addresses, please use the Member Maintenance Form available from the Nexion Website:

Address type : (circle one) **Residential / Postal / Business / Other**

Address line 1 :

Postal / Address line 2 :

City : Postal :

6. SECURITY

Select one personal question that we can use to identify you and keep your information secure should we need to contact you:

1. What is your mother's maiden name?
2. Name your favourite pet?
3. What is you favourite colour?
4. What was the make of your first car?

7. LEGAL

I/we understand and agree the I/we are ultimately responsible for the entire bill for goods and services rendered. 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), or credit card in respect of all sums which now or in the future may be or become due and payable by me, howsoever arising and will continue until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account or credit card 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 through a computerized system provided by Nexion SA (Pty) Limited and by the South African Banks and I/we also understand that details of each withdrawal will be printed on my/our bank or credit card statement or on and accompanying voucher. I/we agree to pay any bank charges relating to this debit order / credit card instruction. In the event of any rejection of this debit order due to lack of funds or any other reasons under my/our control, a penalty of R100.00 will be levied. This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post. 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 the instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be). ASSIGNMENT: I/we acknowledge that the party hereby authorize to effect the drawing(s) against my/our bank account or credit card my not cede or assign any of its rights to any third party without my/our prior written consent. 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.

8. SIGNATURE

I hereby grant permission to the specified Service Provider Nexion to retrieve funds due as outlined in the agreement above.

Signature **Assisted By** (where legally necessary)

FOR OFFICE USE ONLY

Verify :

Submission Date : D D M M Y Y Y Y Signed :