





 083 253 9744
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 PO Box 10406,
George, 6530
 8 Thomas Street,
Borcherds,
George, 6530

DEBIT ORDER INSTRUCTION

Yes please! I would like to support the work **Local Motion ZA!** Please debit my account monthly for the amount of:

<input type="checkbox"/> R100	<input type="checkbox"/> R200	<input type="checkbox"/> R500	<input type="checkbox"/> Other R
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MY DETAILS:

Surname:		First Name:	
Title:	Initials:	I.D. No.:	
E-Mail:			
Mobile No.:		Home No.:	
Work No.:		Fax No.:	

MY ADDRESS:

Street Address:			
Suburb:		Province:	
City:		Country:	Code:

PAYMENT DETAILS:

<input type="checkbox"/>	I would like to pay via direct bank debit order:		
Bank:		Branch/Town:	
Account Holder:		Branch No.:	
Account Number:		Debit on:	<input type="checkbox"/> 1 st <input type="checkbox"/> 16 th day of the month
Account Type:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

I hereby authorise **Local Motion** to issue and deliver payment instructions for collection against my abovementioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account to) the sum indicated above, commencing on the Commencement Date and continuing **monthly** until this Authority and Mandate is terminated by me by giving **Local Motion** notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your offices. The amount of each individual payment instruction may not be more or less than the amount indicated above. I 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.

Commencement Date:

Y	Y	Y	Y	M	M	D	D

Signed: _____
(by account holder)

DO NOT SEND THIS FORM TO YOUR BANK - THEY WILL NOT KNOW WHAT TO DO WITH IT - JUST EMAIL IT TO US PLEASE!