



CORPORATE MEMBER



# DEBIT ORDER CHANGES

# SECURE RITE SECURITY

ACCOUNT NAME

ADDRESS

POSTAL CODE

COMMENCEMENT DATE OF DEBIT ORDER

BANK ACCOUNT DETAILS

BANK

BRANCH NAME

BRANCH CODE

ACCOUNT NO

TYPE OF A/C

I/we hereby request and authorise you to draw again st my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of

being the amount necessary for the payment of the monthly fee due in respect of our service rendered as per our contract/agreement, which payment may be changed from time to time upon my verbal instruction in accordance with normal escalation.

This payment will be executed on the 1st day of every month and such withdrawals from my/our bank account by you shall be treated as though they have being signed by me/us personally.

I/we the undersigned understand that the withdrawal s hereby authorised will be processed by computer through a system known as PRSA BUSINESS INTEGRATER and I also understand that details of each withdrawal will be printed on my bank statement or an accompanying voucher.

I/we agree to pay any bank charges relating to this debit order instruction. This authority may be cancelled by means in writing as per point 4.2.1 of the contract. I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

TODAYS DATE

COMMENCEMENT DATE OF CONTRACT

CLIENT SIGNATURE

SECURITE REPRESENTATIVE

AMOUNT PAID

CASH

CHEQUE

NOTE: A COPY OF THE CONTRACT WILL BE FORWARDED TO YOU.

THANK YOU FOR YOUR SUPPORT.

24HR HOTLINE: 0860 10 30 99

34B Victoria Street  
Somerset West, 7130  
Telephone: 0860 10 30 99  
Facsimile: (021) 852 3852  
E-mail: [info@securerite.co.za](mailto:info@securerite.co.za)  
[www.securerite.co.za](http://www.securerite.co.za)