



EasySoft & I.N.D.S. (Pty) Ltd.
 PO Box 6008 DURBAN 4000
 Fax (031) 709-2813
 Tel (031) 709-2811

Debit Order Instruction

Surname		Title	
First Name		Initials	
Tel. No. (W)		Cell	
Tel. No. (H)		Fax	
Postal Address			
Postal Code			
E-mail address			

I, the above, hereby request, “instruct” and authorise **EasySoft & INDS (Pty) Ltd. (EasySoft)** to draw against my account with the under mentioned bank, the sum of **R 140.00 (One Hundred and Forty Rand)**, the amount necessary for payment of the monthly fees due in respect of the subscription(s) requested from I.N.D.S. on the 20 (twentieth) day of each and every month commencing on (20 / month / year) and continuing. This amount will be debited for a period of 24 (twenty four) months and may not be cancelled, until such time as the outstanding balance be paid in full. After this twenty four month period, I further understand that the price of the subscription(s) may increase from time to time and request that in such instances that you automatically increase my monthly payments. All such withdrawals from my bank account by **EasySoft** shall be treated as though I had personally signed them.

I understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled at any stage after the expiration of the above mentioned 24 (twenty four) month period by my giving **EasySoft** 1 (one) calendar months notice in writing, sent by prepaid registered post to the above address. However, I understand that I shall not be entitled to any refund of amounts that you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by **EasySoft** shall be regarded as receipt thereof by our bank.

My Bank Details (Current or Transmission account - No Credit Card accounts) are as follows:

Name of Bank / Building Society	
Name of Branch	
Branch Town/City	
Branch Code	
Account Number	

Signature: _____

Date: _____

NOTE: If possible, a cancelled cheque should be attached for bank identification purposes – (Current Accounts only)