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Email: info@proteametering.co.za

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Company Stamp

Debit Order Authorization

Protea Accoun	t / Referer	nce No:												
Occupant: Name & Surname:														
ID / Passport N	lo:													
Address:														
Email Address:														
Tel No:						Ce	ell No:							
Bank:						Ві	anch:							
Account No:								Branch	No:					
Account Type: (Mark appropriate box)														
Account Holders Name:														
Account Holde	rs Name:													
Debit Order Da		1 st		8	th		15 th			23 rd			30 th	
	est Protea M	letering to ount and I/	/We reque	inst my	our ac	k, whichev	chever b	r will be, t	o debit	present my/our	accoun	nt with su	ng the	ounts
Debit Order Da I / We hereby requ amount outstandin drawn against it by	nest Protea M g on my accor Protea Mete	letering to ount and I/	/We reque ms of the	inst my	our ac	k, whichev	chever b	or will be, to	o debit	present my/our	accoun	nt with su	ng the	ounts
Debit Order Da I / We hereby requ amount outstandin drawn against it by from myself.	est Protea M g on my accor Protea Mete	letering to ount and I/ering in ter	We reque	inst my est my / request	our ac	k, whichev	chever beer it is o	or will be, to bank chare	o debit ges cur	present my/our	accoun 3.00 wi	at with suill also b	ng the	ounts