

## Credit Order Instruction

<b>New Application</b>		<b>Change</b>		<b>Cancellation</b>	
<b>Postbank / SASSA Account Number</b>					

<b>GROUP ACCOUNT NAME</b> (If applicable)					
DETAILS OF INDIVIDUAL APPLICANT / JOINT MEMBERS / GROUP SIGNATORIES					
<b>Surname 1</b>					<b>Title</b>
<b>Name(s)</b>	1		2		3
<b>Identification Number</b>					
<b>Telephone Numbers</b>	<b>Home</b>	( )	<b>Business</b>	( )	<b>Fax</b> ( )
<b>Cell Number</b>				<b>Email Address</b>	
<b>Residential Address</b>					<b>Code</b>
<b>Postal Address</b>					<b>Code</b>

FOR JOINT AND GROUPS ONLY (2 <sup>ND</sup> Signatory)					
<b>Surname 2</b>					<b>Title</b>
<b>Name(s)</b>	1		2		3
<b>Identification Number</b>					
<b>Telephone Numbers</b>	<b>Home</b>	( )	<b>Business</b>	( )	<b>Fax</b> ( )
<b>Cell Number</b>				<b>Email Address</b>	
<b>Residential Address</b>					<b>Code</b>
<b>Postal Address</b>					<b>Code</b>

PARTICULARS OF POSTBANK / SASSA ACCOUNT TO BE DEBITED					
<b>Account Number</b>					
<b>Amount to be Deducted</b>	R	C	<b>Payment Frequency</b>	Once Off payment	Monthly payment
<b>Amount in Words</b>					
<b>Commencement Date</b>	Y	Y	Y	Y	M M D D <b>Day of Month on which monthly deductions must be made</b>

I/We hereby instruct and authorise Postbank to withdraw against my/our account the amount specified above once off or each and every month commencing on commencement date and continuing until cancelled by me/us in writing. All such withdrawal(s) from my/our bank account by you shall be treated as though they had been signed by me/us personally and must be transferred on my/our behalf to the bank account specified below.

I/We understand that the withdrawal(s) hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on the bank statement or on an accompanying voucher. I/We agree to pay any bank charges relating to this credit order instruction.

Postbank cannot be held responsible for any loss whatsoever where incorrect account detail is provided.

**For the distribution of Group funds to more than 1 (one) account, the ADDENDUM for Groups must also be completed and submitted.**

PARTICULARS OF ACCOUNT TO BE CREDITED											
Name of Account Holder											
Bank				Branch Name / Town							
Branch Number			Type of Account:	Current			Savings			Transmission	
Bank Account Number											
Payment Reference (to appear on Beneficiary account)											

This authority may be cancelled by me/us by giving thirty days' notice in writing, sent by prepaid registered post, or delivered personally to any Post Office, and I/we understand that I/we shall not be entitled to any refund of amounts which have been deducted while this authority was in force.

Signed on this ..... day of .....20.....

Signature of Applicant(s) 1 ..... 2 ..... Date .....

CERTIFIED DOCUMENTS REQUIRED BY POSTBANK	
Please email this form and the applicable certified supporting documents to: <a href="mailto:PBCardman@postbank.co.za">PBCardman@postbank.co.za</a>	
For Card Based Accounts	Book Based Accounts
<b>Individuals/Joint</b> - Identity document(s) of account holder or both for Joint account holders	<b>Individuals/Joint</b> – Identity document(s) of account holder or both for Joint account holders
<b>Groups</b> - Identity documents of 2 of the authorised Signatories	<b>Groups</b> – Identity documents of 2 of the authorised Signatories
Front and back of the Card	Pages 2 and 3 of the Smart Save Book

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