

Credit Order Instruction

New Application		Change		Cancellation	
Postbank / SASSA Account Number					

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

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

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

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 of20.....

Signature of Applicant(s) 1 2 Date

CERTIFIED DOCUMENTS REQUIRED BY POSTBANK	
Please email this form and the applicable certified supporting documents to: Postbank.Banking@postbank.co.za	
For Card Based Accounts	Book Based Accounts
Individuals/Joint - Identity document(s) of account holder or both for Joint account holders	Individuals/Joint – Identity document(s) of account holder or both for Joint account holders
Groups - Identity documents of 2 of the authorised Signatories	Groups – Identity documents of 2 of the authorised Signatories
	Pages 2 and 3 of the Smart Save Book
External bank statement - stamped	
Affidavit (In an event that the external bank account is not in the name of the Postbank account holder(s))	

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