

**SITE NAME**

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*Use this form for existing clients that want to change payment terms from EFT to Debit Order*

**CUSTOMER BANK ACCOUNT DETAILS**

NAME OF ACCOUNT HOLDER		
BILLING ADDRESS		
BANK NAME		
BRANCH CODE		
ACCOUNT NUMBER		
TYPE OF ACCOUNT	CURRENT (CHEQUE) <input type="checkbox"/>	SAVINGS/TRANSMISSION <input type="checkbox"/>
DATE OF FIRST DEDUCTION		

**DECLARATION BY CUSTOMER**

We understand that by selecting the debit order option, we are authorising Atom Operations (Pty) Ltd (registration number 2018/289869/07) to draw against our account on the first day of each month, all amounts which become due and payable in terms of this Agreement from the bank account specified above. We understand that the withdrawals hereby authorised will be processed through a computer system provided by the South African banks. We agree to pay the bank charges relating to this debit order instruction. Receipt of this instruction by Atom Operations (Pty) Ltd shall be regarded as receipt thereof by our bank.

**SIGNED** at \_\_\_\_\_ on this \_\_\_\_\_ **DAY** of \_\_\_\_\_ **202**\_\_\_\_\_.

**SIGNATURE:** \_\_\_\_\_

**FOR CUSTOMER (duly authorised)**

**SIGNATURE:** \_\_\_\_\_

**FOR ATOM OPERATIONS (duly authorised)**

**FOR OFFICE USE**

Client Reference Number	
Debit Order Activation Date	
Last Invoice Date & Ref No.	
System Updated	