

Postal Address  
P.O Box 146455  
Bracken Gardens  
1452



Street Address  
No 6 Ibis Place  
Meyersdal  
Ext 21

Registered as a Security Service Provider by the  
Private Security Regulatory, Authority Registration Number 73530

Office: 011 867 3770  
Fax: 011 867 3771  
E-mail: fox@foxsecurity.co.za  
www.foxsecurity.co.za

Dear Sirs  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

The details of my/our account are as follow:

ACCOUNT NAME \_\_\_\_\_

BANK \_\_\_\_\_

BRANCH NAME \_\_\_\_\_

BRANCH CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

**TYPE OF ACCOUNT** \_\_\_\_\_

SAVINGS ACCOUNT \_\_\_\_\_

CHEQUE ACCOUNT \_\_\_\_\_

TRANSMISSION \_\_\_\_\_

**PLEASE TICK WHERE APPLICABLE**

I/ We hereby "instruct and" authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/We may transfer my/our account) the sum of R \_\_\_\_\_, **and the annual network fee every December** as well as the annual premium increases. The amount necessary for payment of the monthly instalment / premium due in respect of the abovementioned agreement is payable on the **1<sup>st</sup>** day of each month commencing on \_\_\_\_\_ and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed by computerised system provided by the South African banks and I/We also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. I/We agree to pay any charges relating to this debit order instruction.

The authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post, but I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owed to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:

I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/We may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

**NB** I accept full responsibility for the radio transmitter till cancellation. I will be responsible for the return of the radio transmitter to Fox Alarms and Security. A cancellation fee will be payable by me if the radio is lost.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

SIGNATURE AS USED FOR SIGNING CHEQUES \_\_\_\_\_ ASSISTED BY \_\_\_\_\_

NOTE: A cancelled cheque should be attached for the bank identification purposes. (Cheque accounts only)

**DEDICATED TO PROTECT AND SERVE**

MEMBERS: B.J. JANSEN - L. JANSEN