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PROTEA ACCOUNT (OFFICE USE ONLY)

OAMI DEBIT ORDER AUTHORIZATION FORM

REG 2001/016660/07 VAT 4860168527

Partially completed forms will not be accepted and may result in utilities supply not being disconnected.

please send your completed signed debit order authorization form with a copy of your ID to Prepaid@proteametering.co.za

PART A TOP-UP DEBIT ORDER AUTHORITY

Full name(s)		Date	
Address		Account No.	
Please note: commencement date will be between 1-5 working days after purchase request			
Telephone Number		E-mail Address	

PART B ACCOUNT AND PREMISES PARTICULARS

COMPLEX / FLAT NAME		Unit Number	
Street Name		Street Name	
Suburb		Province	

PART C ACCOUNT DETAILS

Bank		Account Name	
Branch Name		Account No.	
Branch No.		Type of Account	

The individual payment instructions so authorised to be issued must be issued and delivered as follows

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

I / We understand that in the event of a debit order returning unpaid, stopped, or cancelled i/We will be charged a penalty fee.

MANDATE

I / We the authorised signatory/ies warrant that I / We are duly authorised to sign this debit authorisation agreement as being the person in whose name the account is held, namely the account holder or are duly authorised thereto by the account holder in terms of a valid written agreement.

I / We acknowledge that this Authority and Mandate has been ceded to Sage Pay (Pty) Ltd as per your agreement with Sage Pay (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by Me / Us, such cancellation will not cancel the Agreement. 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 owing to you.

NB: Please take note of the following

- A second signature will be required for joint account.
- A legal guardians signature must accompany that of a minor.
- If a company is the subscriber, the full name of the company must be shown and the authorized person(s) must sign indication of his/their capacity(ies). The company stamp must also appear here.
- Please ensure that your bank account and branch code is correct.
- If the details are not correct it will hinder the process of having the debit order authorization activated, which will leave your account in arrears. Interest will be charged on arrears.
- Debit orders returned as unpaid, stopped, or cancelled will be charged a penalty fee.
- Please note that this debit order form is only for conventional accounts and is not applicable to a prepaid or smart metering account.

Company Stamp

Signature		Date	
If Minor/Joint Account			