



<b>Complex / Building Name</b> _____	<b>Unit no:</b> _____	<b>Account Ref No:</b> _____
<b>Impact Meter Contract Application Name:</b> _____		

**Dear Client,**

We at Impact Meter Services process thousands of electricity accounts every month. In terms of our policy to maintain service excellence and integrity of the highest standards, we herewith offer a more efficient and convenient payment system to all our clients in the form of debit orders.

This automatic account debiting facility will debit your bank account on the 1<sup>st</sup> day of the month following that in which your electricity account has become due for payment, with the amount that is indicated on such account. An invoice is posted to you at least two weeks before any amount is debited to enable you to query should there be any irregularities.

Here below is a debit order authorization form, which needs to be completed and returned to our offices for the debit order to take effect.

**Debit Order**

**Title** ..... **Name** ..... **Tel.**.....

**Bank**..... **Branch** ..... **Branch Code** .....

**Account Number** .....

**Name of Account holder** .....

*(As printed on cheques or statement)*

**Account Type**

Cheque (Current)	Savings	Other:
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**PLEASE PROVIDE US WITH PROOF OF BANKING DETAIL**

I/We hereby authorize Impact Meter Services to draw against the above stated account and I/we request my/our bank, whichever it is or will be, to debit my/our account with such amounts drawn by Impact Meter Services which are due and owing by me for services rendered, electricity/water consumed or any other amounts to be paid in terms of any agreement entered into between myself and Impact Meter Services, and to pay such amounts over to Impact Meter Services in terms of this of this authorization subject to the following terms and conditions:

- 1) That this authorization will remain in operation until it is revoked by me, due to termination of services or change of bank or for any reason, by means of thirty (30) days prior written notice to this effect to Impact Meter Services.
- 2) That Impact Meter Services may discontinue any services rendered without notice if the bank refuses the payment.
- 3) That, Impact Meter Services will receive payments in terms of this authorization without prejudice to its rights.
- 4) That the cost per transaction charged by banks be debited to my account.
- 5) The transaction on your Bank statement will reflect as – IMPACTMTR100 (Then your 6-digit account reference number)
- 6) The transaction will be debited from your account on the 1<sup>st</sup> of each month, in case the 1<sup>st</sup> falls on a weekend or public holiday, I agree that the transaction will be processed on the following business day.

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

Signature(s).....

Capacity .....

*Business accounts only*

Second signatory .....

Capacity .....

*Business accounts only*

*If acc requires a 2<sup>nd</sup> signature*

A second signature will be required for joint accounts or when a minor is assisted by a legal guardian. If a company is the client, the full name of the company must be shown, and the authorized person(s) must sign indicating his/their capacity. The company stamp must be placed on this form.