



COOKWARE FOR LIFE

Application for Debit Order deductions

Please complete the form and email to info@amcsa.co.za

YOUR AMC ACCOUNT NUMBER													
ACCOUNT HOLDER'S SURNAME													
FIRST NAME													
INITIALS													
ID NUMBER													
FROM WHICH ACCOUNT DO YOU WANT THE INSTALMENT/PAYMENT TO BE DEDUCTED? (TICK APPROPRIATE BOX)													
CHEQUE				SAVINGS				TRANSMISSION					
ACCOUNT NUMBER FROM WHICH PAYMENTS MUST BE DEDUCTED													
NAME OF BANK													
NAME OF BRANCH													
BANK BRANCH NUMBER													
THE DATE ON WHICH THE INSTALMENT AMOUNT MAY BE DEDUCTED (WE RECOMMEND THAT YOU DO NOT CHOOSE A DAY BETWEEN THE 3RD AND 7TH OF THE MONTH, AS THIS IS OUR MONTH END PERIOD.)												D	D
PLEASE STATE THE AMOUNT TO BE DEDUCTED (IT MAY NOT BE LESS THAN A MONTHLY INSTALMENT) R													

IMPORTANT

- A) Allow 30 days for processing of the debit order.
- B) Always ensure that funds are available in your account.
- C) If your bank is unable to deduct 2 consecutive payments from your account then this debit order instruction will be cancelled.
- D) Continue paying your AMC account until the debit order deductions appear on your bank statement.
- E) Only certain saving accounts are permitted. Ask your bank for details.
- F) 30 days written notice is required should you wish to cancel this instruction.
- G) A deposit or full payment may be paid by debit order up to a limit of R5000,00 on the application for debit order deductions.

I HEREBY AUTHORISE AMC CLASSIC (PTY) LTD TO DEBIT MY CHEQUE, TRANSMISSION OR SAVINGS ACCOUNT WITH THE AMOUNT STATED ABOVE.

SIGNED AT

(PLACE)

ON

(DATE)

SIGNED BY

(ACCOUNTS HOLDER'S SIGNATURE)