

WESTCLIFF SECURITY GROUP

RESIDENT'S INFORMATION AND DEBIT ORDER AUTHORITY

FULL NAME: _____

PHYSICAL ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (CELL) _____

E-MAIL ADDRESS: _____

AGREEMENT WITH

CO NAME: Westcliff Security Group

I/WE (NAME): _____
hereby authorise:

CO NAME: Westcliff Security Group
utilising the services of CAT/EFTS, to draw against
my/our account the sum of R3,660.00
(Three Thousand Six Hundred and Sixty Rand Only) at:

BANK NAME: _____

BRANCH NAME: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

ACCOUNT TYPE: CHEQUE / SAVINGS / TRANSMISSION

(delete where not applicable)

or any other bank or branch to which I may transfer my/our
account, on the first day of each and every month commencing on

STARTING DATE: _____ **2024**

until termination of the contract by either party. This
authority may be cancelled by me/us by giving:

CO NAME: Westcliff Security Group
30 days notice telephonically and by fax confirmation
but I/we understand that we shall not be authorized by any
refund of amounts which:

CO NAME: Westcliff Security Group
may have withdrawn while this authority was in force if
such amounts were legally owing to:

CO NAME: Westcliff Security Group
I/We agree to pay any bank charges relating to this debit
order instruction including any charges for a returned debit order.

ASSIGNMENT:

I/We acknowledge that the party hereby authorised 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 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 authorised party.

DATED AT _____ ON THIS _____ DAY OF _____ 2024

SIGNATURE: _____