



**e-mail:** bfwmetering@absamail.co.za  
**Fax:** 0866 420 999  
**Cell:** 082 **PRE PAID** or 082 773 7243

**The Electricity Prepaid Specialists!**  
*You have not had the best advice, until you have spoken to us!*

# DEBIT ORDER AUTHORISATION

Unit reference nr.    -    -    -     (issued by our office and for reference in future)

## SECTION A: Personal details

Surname	<input type="text"/>	Title	<input type="text"/>
Full names as in ID doc. <input type="text"/>			
Code & Tel nr. (h)	( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> )	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Code & Tel nr. (w)	( <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> )	-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## SECTION B: Premises details (where services are rendered)

Complex/Flat name	<input type="text"/>	Unit nr.	<input type="text"/>
Street name	<input type="text"/>	Street nr.	<input type="text"/>
Suburb	<input type="text"/>	Erf description/nr.	<input type="text"/>

## SECTION C: Banking details

Banking institution	<input type="text"/>	Branch	<input type="text"/>
Account nr.	<input type="text"/>	Branch code	<input type="text"/>
Account type, mark applicable box with X	<input type="checkbox"/> Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
Other, specify <input type="text"/>			
Debit order date, mark applicable box with X	<input type="checkbox"/> 8th	<input type="checkbox"/> 15th	<input type="checkbox"/> 23rd
<input type="checkbox"/> 30th			

## SECTION D: Authorisation

I/We hereby request BFW Metering to draw against my/our account, whichever banking institution it may be at present, the amount being the total amount outstanding on my BFW Metering account and I/We request our bank, whichever it is or will be, to debit my/our banking account with such amounts drawn against it by BFW Metering in terms of the request and understand that the bank charges applicable, as amended from time to time, will also be debited against my banking account.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
2nd Signature if applicable

\_\_\_\_\_  
Assisted by

\_\_\_\_\_  
Capacity

**Important: Please keep the following in mind.**

1. In the case of joint accounts, all signatories as required by the banking institution will be required to sign this Authorisation.
2. If a company is the subscriber to the services, the full name of the company must be shown, the authorised person/s must sign and indicate his/her/their capacity/ies and a certified copy of the resolution of authorisation to sign on behalf of the company.
3. **NOTE:** A cancelled or used cheque **MUST** accompany this authorisation form to enable verification of the banking details.
4. In the absence of a cheque account, please ensure that your banking details are correct i.e.
  - i. Correct banking institution
  - ii. Account nr.
  - iii. Type of account
  - iv. Branc code
5. If the banking details are incorrect, it will delay the processing and activation of the debit order authorisation which will indefinitely lead to your account being in arrears. **Interest will be charged on arrears.**
6. **NOTE:** The activation of debit orders can take up to **10 working days** to complete and activate due to authorisation process of the banks.

*Official Company stamp if available*