



3RD PARTY AUTHORITY TO DEBIT BANK ACCOUNT

The person responsible for paying the account (the bank account holder) must please bring this document, together with proof of banking, i.e. a bank statement, a bank-stamped letter, or a cancelled cheque, and their id, to any MultiChoice agency or branch.

MultiChoice Subscriber Number:			
Account Payer's MultiChoice Subscriber Number (if applicable):			
Payment details			
I hereby authorise my bank to pay MultiChoice, by way of debit order, from my bank account all amounts owed to MultiChoice from time to time in terms of the Subscriber Agreement, including without limitation subscription fee(s), administration fees, fees for optional extras (such as dual view, PVR and XtraView functionality).			
I authorise my bank to make payments to MultiChoice in the following frequency :			
Monthly	<input type="checkbox"/>		
Every 6 months	<input type="checkbox"/>		
Annually	<input type="checkbox"/>		
My bank account details for purposes of debit order payments			
Bank:	Branch:	Account no:	
Branch code:	Type of Account:	Current	Savings
Please debit my account on the		day of the month	
Debit order authority			
_____ Signature of bank account holder		_____ Date (dd/mm/ccyy)	
_____ Name of bank account holder			
_____ ID number of bank account holder			

