



FNB Credit Card

Direct Debit Order Authorisation

Please complete the following and fax back to : (011) 352-9904

Title Name

Initials Surname

FNB Credit Card Account No.

FNB Credit Card Account No.

(Secondary account holder)
Petro Card Account No.

Direct Debit Order

- NB:** 1 Please note that in terms of your authorisation, the amount as indicated by yourself below, will be deducted monthly, on the payment due date, from the account specified in respect of the amounts due on your credit card account.
- 2 You have the option of paying your account with the minimum/full amount as indicated on your monthly statement between the statement date and your selected payment due date. Should your debit order be returned unpaid, we, the Bank will make further attempts to debit your account to ensure a successful payment, which costs you will be liable for.

Minimum Amount = Closing Balance Amount, Minus any: Overdue Amount, Budget Installments, Membership fees, remaining Overlimit Amount, Optional Debt Protection Premium Amount (where applicable). We then calculate the minimum monthly repayment amount as stipulated on your statement.

Full Amount = Total Transactions, Plus Interest, Plus Fees

Specified Amount = Fixed monthly amount which may not be less than the minimum specified amount

Direct Debit Order Authorisation

I, (name) _____ (Surname) _____
 hereby authorise FirstRand Bank Ltd to debit my account as stated below, on the day of the month. (Please note this date can vary, from month to month, by 4 days after the date specified.)
 with the Minimum amount, Full amount, or Specified amount of R ,

Banking Details

Account Name:

Bank Name

Branch Name Branch code

Account Number Account Type

Declaration:

- 1 I hereby authorise FirstRand Bank Limited to debit the account as listed above, for the purposes of paying amounts owing by myself on my FNB Credit Card account and/or Petro Card account on a monthly basis.
- 2 I confirm that the account information as provided above, is an account in my name and as such I have the right to give FirstRand Bank Limited the authority to debit such account on a monthly basis. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made by FirstRand Bank Limited to the account as listed above should this account have insufficient funds, be incorrect or held in the name of any other person.
- 3 I confirm that the account listed above is compliant with the Financial Intelligence Centre Act ("FICA")

Signature : _____ Date : _____
Debit Order Account holder

Witness Name _____ Witness Signature _____
Print Witness name in block letters

Cardholder Signature _____ Date : _____
Print FNB Credit Card Account holder name in block letters

Witness Name _____ Witness Signature _____
Print Witness name in block letters