

EFT DR Authority /Mandate: Voice recorded

Consultant: _____

Good morning, my name is and I am calling from

Before I continue, I need to inform you that all calls are recorded for quality control purposes. The reason for my call is:

Mr/Mrs, The purpose of the call.....

Can I take you through how it works? I need a few minutes of your time to explain. Client: Yes / No

Consultant: explain the product or service you are selling

If Client agree, confirm their personal details, and ensure that they agree to the declaration below:

Contact details

Name and Surname

Branch number.....

Account Number.....

ID N o

Address.....

Confirm the Abbreviated name.....(name must appear on your client’s statement)

Action date.....

Contract / Agreement number.....

Declaration:

Do you authorise to issue and deliver payment instructions to your banker for collection against your bank account on condition that the sum of such payment instruction will never exceed your obligations as agreed to in your contract/agreement.

This method will commence effective <date> and will continue monthly/weekly thereafter until this Authority and Mandate is terminated by yourself by giving us notice of not less than one month.

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

This Authority and Mandate may be ceded or assigned to a third party if the Agreement is also ceded or assigned to the third party.

Mr / Mrs..... do you understand and accept what I have read to you? (Yes / No)

If you have any questions or complaints, please contacton

Thank you

Goodbye

Minimum Requirements for Confirmation to Payer

Name and Surname

Contract / Agreement number.....

Commencement / Action date

Amount

Abbreviated Name (must appear on your client’s statement)

User Contact Details.....

Date of Confirmation.....