

# Specimen Mandate for EFTS Debit Order Service

## Debit Order Mandate

From:

Name of Client/Debtor:

Address:

To:

Name of User/Creditor:

Address:

Re: My Agreement with yourselves (or "Proposal", etc) dated I/we.....  
.....instruct and authorize you to draw against my/our account with the  
under-mentioned bank (or any other bank to which I/we may transfer my/our account) the sum of  
M..... (Amount in words) [Or "the amount necessary for  
payment of the monthly installment/premium due in respect of the above-mentioned Agreement,  
Insurance, etc", as appropriate+ on the ..... day of each and every month  
commencing on ..... and continuing until.....  
(Date or "Cancelled"). All such withdrawals from my/our bank account shall be treated as though  
they had been signed by me/us personally. I/we understand that the withdrawals hereby autho-  
rized will be processed by Standard Lesotho Bank (1999) Limited through a computer system  
known as the EFTS Debit Order Service and that reference information will appear on my/our  
bank statement or on an accompanying voucher, for each withdrawal. I/we agree to pay any  
bank charges related to this Debit Order Mandate. This authority may be cancelled by me/us  
giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that  
I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority  
was in force, if such amounts were owing to you. Receipt of this Debit Order Mandate by you will  
be regarded as receipt thereof by my/our bank. I/we confirm and acknowledge that the party  
hereby authorized to effect drawings against my/our account may not cede or assign any of its  
rights to any third party without my/our prior written consent and that I/we may not delegate any  
of my/our obligations in terms of this mandate/authority to any third party without the prior writ-  
ten consent of the authorized party. The detail of my/our bank account is/are as follows:

Bank name:

Branch name and town:

Bank branch number:

--	--	--	--	--	--

Account number:

--	--	--	--	--	--	--	--	--	--	--	--	--

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

Signature: \_\_\_\_\_ Full Names: \_\_\_\_\_

### Notes:

1. This mandate must be signed in accordance with the Client's (debtor's) cheque signing arrange-ments.
2. The Client to attach a cancelled cheque form for bank/branch identification purposes.