



## FNB Credit Card

### Auto Payment/Direct Debit Order Authorisation

Please complete the following and fax back to: (061) 299 7188

Title	<input type="text"/>	Name	<input type="text"/>
Initials	<input type="text"/>	Surname	<input type="text"/>
FNB Credit Card/ PetroCard Account No.	<input type="text"/>		

### Auto Payment/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/specified amount as indicated on your monthly statement between the statement date and your selected payment due date. Where you elect to pay the specified amount, please note that the specified amount cannot be below the minimum monthly payment. Should your specified amount be less than the minimum monthly payment reflected on your statement, the minimum amount will be deducted. Should your debit order be returned unpaid, the Bank will make further attempts to debit your account to ensure a successful payment, which costs you will be liable for.

### Auto Payment/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 N\$

### Banking Details

Account Name	<input type="text"/>	
Bank Name	<input type="text"/>	
Branch Name	<input type="text"/>	Branch Code <input type="text"/>
Account Number	<input type="text"/>	Account Type <input type="text"/>

### Declaration:

- I hereby authorise First National Bank of Namibia 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 PetroCard account on a monthly basis.
- I confirm that the account information as provided above, is an account in my name and as such I have the right to give First National Bank of Namibia 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 First National Bank of Namibia Limited to the account as listed above should this account have insufficient funds, be incorrect or held in the name of any other person.
- "I hereby authorise First National Bank of Namibia Limited to verify the banking details as provided above for the purposes of effecting the debit order."
- I confirm that the account listed above is compliant with the Financial Intelligence Centre Act ("FICA")

Signature \_\_\_\_\_ Debit Order Account holder  
 Witness Name \_\_\_\_\_ Print Witness name in block letters

Date \_\_\_\_\_ Witness Signature \_\_\_\_\_