



## **DEBIT ORDER SWITCHING FORM**

### **INTERNET INSTRUCTION**

Fax this form to First National Bank (011) 371-0010

**Customer/Business Name** \_\_\_\_\_

**ID Number/Business Registration Number** \_\_\_\_\_

(FROM) Account Number	Type of Account	Financial Institution	Outlet/Branch Name	6 Digit Branch No.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
(TO) FNB Account No.	Type of Account	Financial Institution	Outlet/Branch Name	6 Digit Branch No.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	FNB	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please supply the following information, to enable the Bank to provide feedback:

**PLEASE TRY TO SUPPLY CELL NUMBER OR E-MAIL ADDRESS AT ALL TIMES**

- a) Cellular number (SMS) \_\_\_\_\_
- b) E-mail \_\_\_\_\_ @ \_\_\_\_\_
- c) Telephone (     ) \_\_\_\_\_

### **IMPORTANT GUIDELINES FOR CUSTOMERS**

- This service is available to all cheque account customers only.
- Please attach a copy of your ID with this fax request.
- When faxing requests, please fax individual requests for each account.
- Please confirm whether FNB has received your request, by calling (011) 352 9159.
- Please do not duplicate faxes before you have confirmed with FNB as this causes a delay in the process.
- Please keep sufficient funds in both your existing and new account/s, until you are informed that you may close your old account.
- Certain service providers may not accept instructions from FNB. In such cases, FNB will inform customers to switch the debit order yourself. Examples of such providers are listed, but not limited to, all products held with other financial institutions.
- Timelines for switching of debit orders may vary and in some instances more than 1 month lead time might be required.

### **DEBIT ORDER SWITCHING REQUESTS FOR BUSINESS ACCOUNTS:**

- If a business pays for individual employee's debit orders such as cell phone accounts, policies or medical aid and requests that these debit orders be switched, then FNB requires the employee's full name and identification number
- All requests for Business Accounts must be accompanied by a letter from the business which states that it has given FNB the authority to change the debit orders on their behalf. The letter must be printed on the letterhead of the business and signed by the Authorised Signatory/ies of the business.

**INSTRUCTION TO FIRST NATIONAL BANK TO RE-DIRECT MY DEBIT ORDERS**

#	Service Provider	Policy Number/Policy Ref	Full Name & ID Number of Policy Owner (If different from Account Holder)	Current Debit Order Date	Frequency (Monthly,Quarterly, Annually)	Amount	
1.	e.g. OMGP Scheme	67827GS00151305	Mrs GG Cook – ID 7502150025082	25 <sup>th</sup>	M	200	00
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**CELL PHONE DEBIT ORDER DETAILS**

#	Service Provider	Cell Number	Cell Account/Contract Number	Full Name & ID Number of Cellphone Owner (If different from Acct Holder)	Debit Order Date	Frequency (Monthly,Quarterly, Annually)	Amount	
1.	e.g. Nashua Mobile	0820000000	N48604	Same as account holder	25 <sup>th</sup>	M	Varied	
2								
3.								
4.								

3/05/2006

Produced by First National Bank (FNB)

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[Reg No. 1929/001225/06."](#)

## **AUTHORITY**

I nominate and appoint FNB to be my agent, with power of substitution, to do the following:

- Contact the Service Providers listed on the form to which this Authority is annexed and inform them of my change of banking details.
- Instruct each Service Provider listed on the form to re-direct my Debit Order instruction to operate off my new account held with FNB, and to do all things necessary in this regard, including requesting the Service Provider to provide FNB with my personal information or any other information relating to the Debit Order.
- Disclose the information on the form to the Service Providers detailed therein.
- I agree that this Authority may only be revoked by me on written notice to FNB.

## **INDEMNITY AND WAIVER**

- I hereby irrevocably indemnify FNB and hold it harmless against all costs, charges, expenses, losses and damages, which I may suffer as a result of FNB acting in accordance with the Authority.
- I agree to waive any claim I may have against FNB arising from the performance of the Authority.
- I irrevocably indemnify FNB against any claim by a third party arising from the performance of the Authority.
- I confirm that the information supplied to FNB in this document is correct and acknowledge that FNB cannot be held liable if the information supplied is incorrect.
- I understand and accept that FNB has no control over the Service Provider and cannot guarantee the date and time when the Debit Order will be processed with my new account details.
- I agree to waive any claim I may have against FNB if the Debit Order is not processed timeously or at all for whatever reason.

I/We authorise FNB to advise the under mentioned Service Provider/s of my change of banking details.

**DATED AT \_\_\_\_\_ ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.**

**Client's Signature: \_\_\_\_\_ Business Customer Stamp \_\_\_\_\_**

**(If signing in a representative capacity on behalf of a legal entity such as a company or close corporation, the signatory warrants that he/she is authorised to sign on behalf of that entity)**

**Witness signature: \_\_\_\_\_**

## **DEBIT ORDER SWITCHING CUSTOMER INFORMATION LEAFLET**

(NB. Please do not fax this page through to the Debit Order Switching Department)

Thank you for using FNB's Debit Order Switching Service. We hope that the information below will help explain FNB's process for switching debit orders.

### **What you need to know?**

Timelines for switching of debit orders may vary and in some instances more than 1 month lead time may be required.

We will keep you updated of our progress via sms and e-mail, and will confirm the date that each debit order will be processed through your FNB account.

Certain service providers may not accept instructions from FNB. In such cases, FNB will inform you to switch the debit order yourself. For example, FNB are unable to switch a debit order for a Homeloan held with another bank.

### **What we need from you?**

Please attach a copy of your ID with your request.

Please keep sufficient funds in both your existing and new account/s, until you are informed that you may close your old account.

Please ensure that we have your correct cellular phone number or email address, so that we may stay in touch via SMS / email. (Any additional enquiries should be raised via your FNB branch).

### **DEBIT ORDER SWITCHING REQUESTS FOR BUSINESS ACCOUNTS:**

If a business pays for individual employee's debit orders such as cell phone accounts, policies or medical aid and requests that these debit orders be switched, then FNB requires the employee's full name and identification number

All requests for Business Accounts must be accompanied by a letter from the business which states that it has given FNB the authority to change the debit orders on their behalf. The letter must be printed on the letterhead of the business and signed by the Authorised Signatory/ies of the business.

<b>THIS SERVICE IS AVAILABLE TO ALL CHEQUE ACCOUNT AND ONE ACCOUNT CUSTOMERS ONLY</b>
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