



Debit Order Authority

In Respect of the Lease Agreement between the Tenant and the Property Owner dated: _____

Name of the Property Owner: _____

Name of Lessee: _____

Lease Code: _____ Property Code: _____

Property Address: _____

I/We hereby instruct and authorise you to draw against my/our account with the bank indicated below (or any other bank or branch to which I /we may transfer my/our account) all monthly amounts that may be due in respect of the above-mentioned lease agreement on the first working day of each and every month. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I hereby authorise you to verify my bank account details with my bank.

The details of the bank account to be debited are as follows:

ACCOUNT NAME: _____

BANK: _____

BRANCH: _____ BRANCH CODE: _____

ACCOUNT NUMBER: _____ TYPE OF ACCOUNT: _____

Details of the debit order are as follows:

DATE OF FIRST DEBIT: _____ AMOUNT OF FIRST DEBIT: _____

I/We understand that details of each withdrawal will be printed on my/our bank statement or on an accompanying voucher. I/We agree to pay the transaction costs relating to this debit order instruction. We understand that a penalty fee will be levied in the event that a debit order is unpaid.

I/We will only be entitled to cancel this authority once the lease agreement referred to above has been cancelled. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

The details of the bank account into which all monthly rentals must be deposited are as follows:

ACCOUNT NAME: _____

BANK: _____

BRANCH: _____ BRANCH CODE: _____

ACCOUNT NUMBER: _____ TYPE OF ACCOUNT: _____

Percentage Management fee to be deducted: _____

Signed at.....on thisday of.....20.....

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY
(where legally necessary)

CAPACITY

Broker Name		Broker Code	
For Equillore Office Use	Policy Number		