



1. Office Use	DEBIT ORDER INSTRUCTION
Individual (Company Donor / Affiliate no.
2. Personal details	
First names:	Title:
Surname:	Company name:
Date of birth:	ID no
Postal address:	
	Postal code
Work/Company address:	
, ,	
Tel: H	W Cell Email
Section 18A Certificate N A certificate will be posted to your postal	
3. Payment details and authorisation (Payments can only be made by credit card/cheques/transmission or	
certain savings accoun	
	BANK DETAILS
Name of account holder:	
Name of bank:	Branch Code:
Branch:	Town/city:
1 -	Cheque Transmission Savings Credit card CVV Number
Type of card: Ex Visa	Expiry Date / Card no
Date of first deduction:	1st of 20 Annually Monthly Deductions will take place on the first working day of the month.
Amount R	- 00 Minimum of R50.00 Amount in words:
This signed Authority and Mand	date refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to
	ructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank
1 -	which I / We may transfer my / our account) on condition that the sum of such payment instructions will never agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and
	us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or
delivered to your address indicate	
i ne individual payment instruct	tions so authorised to be issued must be issued and delivered as follows:
i. On the day ("payment day") of each and every month commencing on In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;	
ii. Monthly; on or after the dates may not be more or less that th	s when the obligation in terms of the Agreement is due and the amount of each individual payment instruction ne obligation due;
I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.	
MANDATE I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.	
CANCELLATION I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. 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.	
	uthority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, ignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.
Signed at	On D M M Y Y Y Y Y Signature
1	SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHER