

HANDS OF COMPASSION DEBIT ORDER FORM



A. Authority

☒ Please tick appropriate box

Account Type:

Current				Savings				Transmission			
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Account Holder's Name:

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

Surname:

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

Tel No:

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

Bank:

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

Account No:

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

Branch Code:

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

Address:

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

Amount:

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

Date:

Last day of every month

To (BENEFICIARY DETAILS)

Name:

HANDS OF COMPASSION

Abbreviated Name:

HOC

Contact No:

011 100 2992

Address:

PORTION 44, FARM 534, ELANDSDRIFT ROAD, NOOITGEDACHT, MOGALE, 1739

This signed Authority and mandate refers to our contract dated:

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our above-mentioned account at my/our above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the **agreement** and commencing on and continuing until this **authority** and **mandate** is terminated by me/us by giving you one calendar's month notice in writing.

The individual payment instructions so authorised to be issued must be issued and delivered monthly (on the last day of every month).

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African banks. I also understand that details of each withdrawal will be printed on my bank statement. Such must contain a number, which must be included in the said payment instruction.

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions have been issued by me/us personally.

C. 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.

D. Assignment

I/We acknowledge that this **authority** may be ceded or assigned to a third party if the **agreement** is also ceded or assigned to that third party, but in the absence of such assignment of the **agreement**, this **authority** and **mandate** cannot be assigned to any third party.

Signed at _____ on this _____ of _____ 20_____
(Day) (Month)

SIGNATURE OF ACCOUNT HOLDER _____

FOR OFFICE USE ONLY

The Agreement reference no: _____