

Yes, I would love to sponsor by debit order the amount of R _____ on the first day of _____ (Month) 2020 and each month thereafter. **There are NO bank costs for your account.**

Authority for Donation by DEBIT ORDER

To the KWAZULU-NATAL CEREBRAL PALSY ASSOCIATION. Please fax back to us (details below).






Company Registered Name: _____

Registration Number: _____

First Name _____ Surname _____

Address _____

Postal Code _____

 Business	 Residence	 Cellular
 E-Mail	 Facsimile	Identity Number

Account Name: _____

Account No. _____ Bank _____

Branch Name and Address _____

City/Town _____ Branch Code _____

Current Account

Transmission

Savings Account

Date _____ * _____

Signature (as for signing on your account)

Thank you for your support

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”).

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 notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

If the payment day falls on a Sunday, or recognised 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 and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

B. Mandate

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

I/We agree to pay any penalty bank charges relating to this debit order instruction.

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 _____ day of _____ .

(Account holder signature as per bank account)

*Please return via email to **adele@kzncerebralpalsy.co.za***