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Debit Authorisation Form

Please send completed forms to cathy@peaceagency.org.za

Contact details

First Name		Surname	
Telephone		Email	

The details of my /our bank account are as follows

Account Name				
Bank Name				
Branch Name & Number				
Account Number				
Type of Account	Current (cheque)	Savings	Transmission	Choose one
Project Supporting	The Baby Home	Bright Stars	Project Dignity	All Projects

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement"), for the amount of _____.

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.

Payment shall commence on _____ and continuing until this Authority & 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

In the event that 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 A before the issuing of any payment instruction.

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.

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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

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 _____ on this _____ day of _____

Signature as used for signing cheques

Assisted by
(Where legally necessary)

Capacity

A. Agreement Reference Number

This Agreement reference number is: _____

Or setup a monthly donation using Zapper. Just scan the code below.

