



NORTHWOLD RESIDENTS ASSOCIATION

DEBIT ORDER / CREDIT CARD DEDUCTION INSTRUCTION & AUTHORISATION FORM

Date: _____

I, _____

FULL NAME & SURNAME:	
ID NUMBER:	
KNOWN AS:	
PHYSICAL ADD:	
POSTAL ADD:	
EMAIL ADD:	
CELL #:	
BUS. TEL. #:	

Hereby authorise for the following bank account details to be debited.

NAME OF BANK:		ACCOUNT TYPE:	CURRENT / SAVINGS / CREDIT CARD
NAME OF ACC HOLDER:		SA ID #	
ACCOUNT NUMBER:		CREDIT CARD #	
BRANCH CODE:		CVV #	
BRANCH NAME:		EXPIRY DATE:	
		TYPE OF CARD:	MASTER / VISA

Amount to be debited: R465.00 _____ Other: _____

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 60 ordinary working days, and sent by EMAIL or delivered to your address indicated BELOW.

DATE & PERIOD OF WITHDRAWALS:

I hereby select the following date for my debit order to be processed every month: 1st / 25th

My commencement date being on the _____ 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;

I hereby confirm that my debit order will be on a monthly basis; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the 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.



NORTHWOLD RESIDENTS ASSOCIATION

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.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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 _____ 20_____

SIGNATURE

Assisted by: C Steyn

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER: _____