



THE ANIMAL WELFARE SOCIETY (PORT ELIZABETH)
Victoria Drive (Schoenmakerskop Road) - PO Box 5395, Walmer 6065
Telephone 041 366 1660
E-Mail: fundraising@animalwelfarepe.co.za
NPO No 003-538 VAT Reg No 4250130434
PBO 930000971

DEBIT ORDER INSTRUCTION

Surname:

First name: Initials:

Name of Company (if applicable):

Address:

 Postal Code:

Tel: Cell:

Email:

The details of my account are as follows:

Name of Bank: Branch Code:

Name of Bank Branch:

Bank Account Number:

Name of Account Holder:

Type of Account: (cheque, savings,...)

Debit Amount: R Commencement Date:
d d m m y y y y

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 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The abbreviated name of The Animal Welfare Society (Port Elizabeth) as registered with their bank is ANIMAL PE.

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

[DELETE THAT WHICH IS NOT APPLICABLE]:

i. On the 25th 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;

OR

ii. On the 1st 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;

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.

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 of account holder _____

FOR OFFICE USE

Assisted by:

Agreement Reference Number: