



# MONTHLY DEBIT ORDER DONATION

I wish to donate: R ..... per month or R..... per annum

debit order date: 25<sup>th</sup>  1<sup>st</sup>  15<sup>th</sup>

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned 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, commencing on \_\_\_\_\_ and to continue until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less one (1) calendar month, and sent by prepaid registered post or delivered to your address indicated.

Full Name and Surname: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch and code: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: Current (cheque)  Savings  Transmission

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of account holder



**Terms and Conditions:**

Donors understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and understand that details of each withdrawal will be printed on his/her bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction to enable you to identify to this Agreement. Donors will not be entitled to any refunds by St Bernard's Hospice.

**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.

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.

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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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

FOR OFFICIAL USE:

Donor Reference number: \_\_\_\_\_