



BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

DOMESTIC ANIMAL RESCUE GROUP

Main Rd Hout Bay • 021 790 0383 • www.darg.org.za • dargdays@gmail.com

REG NO. 1999/006578/08

Name : _____ Date : _____ Contract No.: _____

Address : _____

Cell: _____ (H): _____ Email: _____

(A) Monthly Debit Amount:

R50	R100	R150	R200	R
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 (B) Once Off Amount:

R

(C) I hereby confirm that I increase my existing Monthly Debit Amount from:

R

 To:

R

CONFIRM Commencement Date for (A) OR (B) OR (C):

15th	29th
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 of _____ 20_____

Dear Sirs/Madams: The details of my/our account are as follows:

BANK: _____ BRANCH NAME / TOWN: _____

BRANCH CODE:

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Abbreviated name as registered with the bank: DARG

ACCOUNT TYPE: CHEQUE/CURRENT SAVINGS CREDIT CARD

ACCOUNT NUMBER:

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CREDIT CARD TYPE: VISA MASTERCARD EXPIRY DATE

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 3 DIGIT CVV NO. (BACK OF CARD)

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

On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized SA 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:

Monthly; 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 that 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.

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 AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS _____

FOR OFFICE USE - AGREEMENT REFERENCE NUMBER _____