

DEBIT ORDER AUTHORITY

AGREEMENT BETWEEN

Tshwane Place of Safety Association

Identified by a code "BDBTPOSA"

and

A. AUTHORITY

Given by (name of account holder)													
ID Number													
Postal Address											Code		
E-mail Address													
Cell Number													
Bank Name													
Account Number													
Branch Name								Branch Code					
Type of account	current (chq)/ savings / transmission							Amount (in ZA Rand)					

(delete that which is not applicable)

Commencing Date	1 st / 10 th / 20 th / last "payment day	of each and every month commencing on	
-----------------	---	---------------------------------------	--

(delete that which is not applicable)

I hereby authorise you to issue and deliver payment instructions to BDB Data Bureau for collection against my abovementioned account at my abovementioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, and commencing on abovementioned date and continuing until this Authority and Mandate is terminated by me, 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 or emailed indicated above.

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

In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

- 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 than the obligation due;
- Payment instructions due in December may be debited against my account on _____

I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the BDB Data Bureau. I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement.

B. MANDATE

I acknowledge that all payment instructions issued by you shall be treated by my above mentioned bank as if the instructions had been issued by me personally.

C. CANCELLATION

I agree that although the Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I 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.

D. ASSIGNMENT

I 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 at _____ on this _____ day of _____ 20 _____

Signature of account holder