



11 Pigeonwood Close • Glen Anil • 4051
 Postnet Suite 297 • P/Bag X0001 • Ballito • 4420
 Account Enquiries: 079 436 5547 • cathy@peaceagency.org.za

NPO 088 / 756 • PBO 930036293

Debit Authorisation Form

Please send completed forms to cathy@peaceagency.org.za

Our registered details

Company Name	The Peace Agency	Reg#:	NPO 088 -756
Abbrev with Bank	PEACE		
Address	21 Malachite Crescent, Brettenwood Coastal Estate, Sheffield Beach		

Your details

First Name		Surname	
Telephone		Email	
Address			

Project Supporting	The Baby Home	Hammarsdale Creche	All Projects
--------------------	---------------	--------------------	--------------

Account Holder Name				
Bank Name				
Branch Name & Number				
Account Number				
Type of Account	Current (cheque)	Savings	Transmission	Choose one
Debit order date	1 st of every month		Amount	

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement"), for the amount of _____.

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned 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 _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 10 ordinary working days, and sent by email, prepaid registered post or delivered to your address as indicated above.

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

Monthly (to be deducted on the 1st of each month*)

In the event that the payment day falls on a Sunday, or recognised 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 computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my

Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section A before the issuing of any payment instruction.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/We agree to pay any penalty bank charges relating to this debit order instruction.

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.

Signed _____ on this _____ day of _____

Signature as used for signing cheques

Assisted by
(Where legally necessary)

Capacity

Own Scheduled Payment

If you would prefer to set up your own monthly payment, you can use the following bank details:

Account Name: The Peace Agency
Bank: First National Bank
Branch: Durban North 22 04 26
Account Number: 6271 805 6874

Or setup a monthly donation using Zapper. Just scan the code below & choose the monthly option.



* The debit order will be processed on the 1st of every month, or the first working day thereafter. If you require the payment to be deducted on the 15th of every month, please let us know.

FOR OFFICE USE Agreement reference number: _____ Online entry created: _____ Date captured: _____
