



NPC 2015/123593/08

PBO 930055263

BANK DEBIT ORDER AUTHORISATION

Rescue, Rehabilitation & Rehoming Centre

A. AUTHORITY

Full Name & Surname of the Account Holder: _____

ID Number (for verification purposes): _____

Address: _____

Cell Phone number: _____

E-mail address: _____

Bank: _____

Branch Code: _____

Account Number: _____

Type of Account (delete which is not applicable) Current (cheque)/Savings/Transmission

Amount: _____

Date (1st or the last day of each month): _____

To (name of beneficiary): The 9th Day Rescue, Rehabilitation & Rehoming Centre

Abbreviated Names as Registered with the bank: The 9th Day - THE9THDAY

Beneficiary's Address: 29 Engelbrecht Street, Oatlands, Krugersdorp, 1739

The signed Authority and Mandate refers to our contract as on signature hereof ("the Agreement").

I/We hereby authorize 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 the commencement date and continuing until this Authority and Mandate is terminated by me/us 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 as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as monthly.

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

Furthermore, if there are insufficient funds in my account to meet the obligation, you are entitled to debit my account with the outstanding amount with the next debit order date, as well as a debit order return fee of R50.

I/We hereby understand that the withdrawals hereby authorized will be processed through a computerized 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. A payment reference is added to this form before the issuing of any payment instruction.

B. MANDATE

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

C. CANCELLATION

I/We agree that a 30 day cancellation notice in writing will be given should I/we no longer wish to make a contribution.

Signed at _____ on this _____ day of _____ 20_____.

(Signature as used for operating on the account)

Please return your signed debit order to info@the9thday.co.za

Your support is gratefully appreciated!

FOR OFFICE USE

This agreement reference number is: _____