



DEBIT ORDER INSTRUCTION

DONOR DETAILS:

Full Name:			
ID/ Reg No.:			
Telephone:		Mobile:	
E-MAIL:			
Address:			
Address City:		Code:	

BANK ACCOUNT DETAILS:

Name of Account Holder:			
Bank Name:		Branch Code:	
Account Number:			
Type of Account:	Cheque Account ☐ Transmission Account ☐ Savings Account ☐		

ELECTRONIC DEBIT DETAILS: ST BERNARD:

Start Date of First Debit:	YYYY/MM/DD		
Regular Debit Day:			
Amount:			
Frequency of Debit:	Monthly ☐ Three - months ☐ Six-Months ☐ Annually ☐ Once-off ☐		

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 on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Receipt of instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

If however, the date of the payment instruction falls on a non-processing day (Sunday or public holiday) I agree that the payment instruction may be debited against my account on the **following business day**.

MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned bank as if the instructions have 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 I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you. Written notice of cancellation must be received no later than one calendar month prior to cancellation date.

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.

Thus, done and signed at _____ on the _____ Day of _____ Year _____.

Signature

FOR OFFICIAL USE:

Donor Reference number: _____