

Fill in your details below to authorize a monthly debit order donation to *Family Action South Africa*.

Mr / Mrs / Miss _____

PLEASE PRINT CLEARLY

Address: _____

City _____ Prov _____ Postal Code _____

Contact No _____ Email _____



My donation amount:

☐ R100 per month ☐ R200 per month ☐ R300 per month ☐ R500 per month ☐ Other: R _____

BANK DEBIT ORDER INSTRUCTION

☐ BANK: _____ BRANCH CODE: _____ ACC NO: _____

ACCOUNT HOLDERS NAME: _____ TYPE OF ACCOUNT _____
Cheque/ Savings/Other

OR CREDIT CARD AUTHORITY:

☐ CARD HOLDERS NAME: _____ CARD NUMBER: _____

EXPIRY DATE: _____ CARD TYPE: ☐ Master ☐ Visa

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I hereby authorize you to issue and deliver payment instructions to the bank for collection against my above mentioned account at my above mentioned bank on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me by giving you notice in writing of no less than 20 ordinary working days. The individual payment instructions so authorized must be issued and delivered on the agreed day of each month or the next business day. I understand that the withdrawals hereby authorized 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. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. 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. CANCELLATION: I agree that although this 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 I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. ASSIGNMENT: I 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.

Date of Debit each Month: ☐ 1st ☐ 5th ☐ 15th ☐ 20th ☐ 25th ☐ 27th ☐ 30th

Commencement Date: _____ Our abbreviated name with NETCASH is **FAMILY ACT**

Signature: _____ Date: _____ (Required for either option above.)

THANK YOU AND GOD BLESS YOU FOR ALL YOUR HELP.

Return this form to: **Family Action South Africa, P O Box 141, Ladismith 6655**

Or Scan and Email this form to: **office@familyaction.co.za**