



FORM OF AUTHORITY – PAPER DEBIT ORDER INSTRUCTION

AUTHORITY GIVEN BY:

NAME OF ACCOUNT HOLDER: MR/MISS/MRS/DR/MS/PROF _____

PHYSICAL ADDRESS: _____ POSTAL ADDRESS: _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

BANK ACCOUNT DETAILS:

BANK NAME: _____ **BRANCH NAME/TOWN:** _____

BRANCH NUMBER: _____

ACCOUNT NUMBER:

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TYPE OF ACCOUNT: CURRENT (CHEQUE) / SAVINGS / TRANSMISSION *(DELETE WHERE NOT APPLICABLE)

DEBITORDER BENEFICIARY: BEAUTIFUL FEET MINISTRIES

Abbreviated Short Name as registered with the Acquiring Bank: BFMDALLERS

REFER TO OUR CONTRACT REFERENCE NUMBER _____ (“the Contract Reference Number”)

I/We hereby authorise BEAUTIFUL FEET MINISTRIES 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 not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

I/we agree that the first payment instruction will be issued and delivered on ____/____/____ (date) and thereafter regularly on the ____ of each month for the amount of _____.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the **following business day**; or subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing.

MANDATE

I/we acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

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.

Signed _____ on this ____ day of _____.

(SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT)

FOR OFFICE USE:
ASSISTED BY: MARITSA ALLERS CAPACITY: DIRECTOR OF BEAUTIFUL FEET MINISTRIES
AGREEMENT REFERENCE NUMBER
THE AGREEMENT REFERENCE NUMBER IS: _____