



Company Registered Name:	The KZN Cerebral Palsy Association	Abbreviated Name with bank:	NCPA
Registration Number:	002-150 NPO		
Beneficiary's Address:	23 Sanderson Road, Cowies Hill Park, Pinetown, 3610		

A. Authority

Name of account holder to debit:						
ID Number / Company Reg No.						
Contact Name:						
Domicile et executandi: (Address)						
Contact Numbers:	(C)		(W)			
Bank:						
Branch Code:		Account Number:				
Type of Account:	Current		Savings		Transmission	
Debit order date:			Fixed amount to be deducted monthly			
Amount to be deducted:	As per Invoice / Contract		Capped Amount:			

This signed Authority and Mandate refers to our contract dated _____ (“the Agreement”).

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 20 ordinary working days, and sent by 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, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**)

If 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.

Payment instructions due in December may be debited against my account on _____.

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 E before the issuing of any payment instruction.

B. 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.

C. 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.

D. 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 at _____ on this _____ day of _____ .

Signature (Account holder on the bank account)

E. Agreement Reference Number

This Agreement reference number for debtor is

NCPA
Abbreviated Name

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*Your Debtor Account Reference **must** be displayed here*

****EFT Users may not use the tracking option and must exclude the option from their Authority and Mandate.***