Name: Date:

Surname: Debit Amount:

Address: Commencement date:

Contact no: **Abbreviated name as**

 **registered with the**

 **bank: God’s Army**

**The details of the account is as follows:**

Bank: Card holders name:

Branch Name: Card no:

Branch no: Expiry date:

Account name: CVV no:

Account no: (last 3 digit number at the

 Back of the card)

Type of account: Card type:

(savings, current, transmission) (master card,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( or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the agreement, and commencing on the date that have been stated and continuing until this authority and mandate is terminated by me by giving you notice in writing of not less than 20 working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions authorized to be issued and delivered as follows:

On the day(“payment day”) of every month commencing on . In the event that the payment falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be on the next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account:

I understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African banks and I understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in payment instructed and if provided, you should enable you to identify the agreement. I shall not be entitled to any refund of amount which you have withdrawn while this authority is in force, if such amount were legally owing to you.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 amount of which you have withdrawn while this authority was in force, if such amount 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

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

Signature ….

SIGNITURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

Assisted by:

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This agreement reference number is: