



# PAARL MUSLIM JAMAA'

Reg nr PBO 930007358

## BANK DEBIT ORDER INSTRUCTION

Name &  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
Area \_\_\_\_\_  
Contact nr \_\_\_\_\_  
eMail \_\_\_\_\_  
ID nr \_\_\_\_\_

Debit Order  
Amount : R \_\_\_\_\_  
Debit Order  
Date : \_\_\_\_\_ (1<sup>st</sup>, 20<sup>th</sup> or 25<sup>th</sup>)  
Commencement  
Date : \_\_\_\_\_

Abbreviated name as registered with the bank: **PMJ SUBS**

The details of my account are as follows:

BANK NAME : \_\_\_\_\_  
BRANCH TOWN : \_\_\_\_\_ BRANCH NO. \_\_\_\_\_  
ACCOUNT HOLDER. : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_  
TYPE OF A/C: \_\_\_\_\_ (Savings / Current)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I hereby authorise you to issue and deliver payment instructions to the bank for collection against my abovementioned 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 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, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

### [COMPLETE SECTION 1 OR 2 BELOW. DELETE WHICH IS NOT APPLICABLE]:

1. **MONTHLY** on the 1<sup>st</sup> / 20<sup>th</sup> / 25<sup>th</sup> (circle preferred date) of each and every month commencing on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (insert start date). In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very 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; **OR**

2. \* **ANNUALLY** on the \_\_\_\_\_ (day & month) ("the payment date") of each and every year commencing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (insert start date). In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very 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;

*\* Delete if not applicable*

I understand that the withdrawals hereby authorised 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, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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/our above mentioned bank as if the instructions had been issued by me/us 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.

Signed at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

\_\_\_\_\_

**Please sign and return the above form to the PMJ Office or scan and email to [paarlmuslimjamaa@gmail.com](mailto:paarlmuslimjamaa@gmail.com)**