



**DEBIT ORDER INSTRUCTION**

TO: **EPWORTH FOUNDATION TRUST**  
**P/BAG X 08**  
**SCOTTSVILLE**  
**3209**

DATE \_\_\_\_\_

**A. AUTHORITY GIVEN BY:**

ACCOUNT HOLDER NAME \_\_\_\_\_ ACCOUNT HOLDER CONTACT NUMBER \_\_\_\_\_

ACCOUNT HOLDER PHYSICAL ADDRESS \_\_\_\_\_

BANK NAME \_\_\_\_\_

BRANCH NAME \_\_\_\_\_

BRANCH CODE (6 DIGITS) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT  CHEQUE (CURRENT)  TRANSMISSION  SAVINGS

to: **EPWORTH FOUNDATION TRUST**, abbreviated name as registered with the bank, **EPWFNDTRST**, address **95 Golf Rd, Scottsville, Pietermaritzburg, 3201**

This signed authority and mandate refers to a Pledged Donation signed dated \_\_\_\_\_ (“the AGREEMENT”)

I/We hereby authorize 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/s.

Payment may commence on (date) \_\_\_\_\_ and continue until this Authority and Mandate is terminated by me, by giving you notice in writing of not less than 20 ordinary working days (4 weeks), and sent by email to [foundation@epworth.co.za](mailto:foundation@epworth.co.za) or by prepaid registered post delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: **(PLEASE MARK APPLICABLE DEBIT ORDER DATE)**

Annually  Monthly

such amount to be debited on the  FIRST BUSINESS,  15th OR  LAST BUSINESS day of each relevant month, and to be increased annually as per the Agreement (regular monthly

PLEDGED giving), or the month of: \_\_\_\_\_ (ANNUAL PLEDGED giving)

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will be the next ordinary business day.

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.

**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 agree 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.

**E. Other**

I/We understand that the withdrawals hereby authorised will be processed through First National Bank Payment and Collection Services.

I/We will ensure that sufficient funds are available on debit date to cover amounts due under this Debit Order instruction.

I/We agree to pay any bank charges relating to the non-collection of amounts due under this Debit Order Instruction.

Receipt of this instruction by you shall be regarded as receipt thereof by my / our bank (whichever it is or may be).

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

ACCOUNT SIGNATORY/IES NAMES 1 \_\_\_\_\_ 2 \_\_\_\_\_

SIGNATURE/S 1 \_\_\_\_\_ 2 \_\_\_\_\_  
(Signature/s as used for signing cheques or according to the mandate held by your financial institution)

For office use:

**E. Agreement Reference Number**

This Agreement reference number is: \_\_\_\_\_