

ALMA

Skool vir leerders met spesiale onderwys behoeftes

School for learners with special education needs

Posbus / PO Box 24005 • Gezina • Pretoria • 0031

404 Franzina St/Str 404 • Eloffsdal • 0084

Tel: (012) 335 0252 • Faks / Fax: 086 769 7668

e-pos / e-mail: admin@almaschool.co.za

Non Profit Organisation No 001-427 NPO

Public Benefit Organisation - No 930000004 PBO



**BID EN WERK
PRAY AND WORK
RAPELA O SOME**

Written Authority and Mandate for Debit Payment Instructions

A. Authority

Given by (name of account holder)

Address

Bank

Branch and Code

Account Number

Type of Account

Amount

Date

To: ALMA SCHOOL

Abbreviated Name as Registered with the Bank:

Beneficiary's Address:

404 Franzina St/Str 404 • Eloffsdal • 0084

This signed Authority and Mandate refers to our contract 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 and commencing on 1 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 send by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: monthly.

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

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks. I also understand that the 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 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 aton thisday
of.....

.....
(signature as used for operating on the account)

.....
(Assisted By)

E. Agreement Reference Number

This Agreement reference number is: ALMA SCHOOL