



DEBIT ORDER INSTRUCTIONS

A. Authority

Given by: (full name and surname of account holder) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch and code: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: (tick appropriate box with a X) Current (Cheque)  Savings  Transmission

Date \_\_\_\_\_

To (name of beneficiary) Kay Mason Foundation South Africa Trust

Abbreviated Name as Registered with the Bank KAYMASONF

Beneficiary's Address Apartment 401 De Oude Schuur, 120 Bree Street, Cape Town, 8000

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 and 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 instruction 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 (delete that which is not applicable): monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly

I/We hereby authorize you to debit the amount indicated on this instruction on the following days of the month:

1<sup>st</sup> or  20<sup>th</sup> day (please select)  Other, please specify: \_\_\_\_\_

Amount: Please debit my/our account with a donation in the amount of: (Please indicate by marking your option with a X)

R50  R100  R300  R500  R1000  Other (specify)  \_\_\_\_\_

I /we authorize the Kay Mason Foundation SA Trust to escalate my donation amount by 10% per annum: Yes  No

In the event that 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. I/We agree to pay any bank charges relating to this debit order 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 ore assigned to a 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 as used for operating on the account)

\_\_\_\_\_  
(Assisted by)

**E. Agreement Reference Number**

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