



Registration Number: 014-891 NPO

42 Van der Riet Street
Port Alfred, 6170

P.O. Box 798
Port Alfred, 6170

Tel/Fax: 046 624 4925
Email: admin@pask.co.za
www.pask.co.za

Debit Order Instruction

PRIMARY CONTACTS:

Contact Details:

Title: _____ First Name: _____

Surname: _____

Phone: _____

Cell: _____

Fax: _____

Email: _____

Company Details: (if applicable)

Company Name: _____

Registration Number: _____

Postal Address: _____

City: _____ Postal Code: _____

Province: _____

I WANT TO DONATE MONTHLY THE FOLLOWING AMOUNT: (please select)

R 50,00

R 100,00

R 150,00

R 200,00

R 300,00

R

OWN AMOUNT

PAYMENT DATE:

30TH

1ST

15TH

Port Alfred Soup Kitchen is using the SagePay debit order collection system

The abbreviated name as registered with the bank will be PASK

I/We, The undersigned _____ (Print Full Name) do hereby authorise

Port Alfred Soup Kitchen to draw against my/our bank account, all the amounts of which are due and payable by me/us to Port Alfred Soup Kitchen for donation. (AS PER THE SELECTION ABOVE)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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

Sign here: _____

obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us 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. Emailed or faxed notice will also be accepted.

Commencing on this date: _____(dd/mm/yyyy) and ending on this date: _____(dd/mm/yyyy) to

be drawn every month on the _____ day. 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;

I / We 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. 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.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us with a 20 day notice period and can be emailed or faxed , 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.

MANDATE

I / We 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.

ASSIGNMENT

I / We 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.

By signing and submitting this application for the Port Alfred Soup Kitchen donation I/we agree to be bound by the Port Alfred Soup Kitchen Terms and Conditions which are available on request.

Authorised Signatory

Second Signature (if required)

Date (dd/mm/yyyy)

BANK ACCOUNT DETAILS

Bank Name: _____

Account Number: _____

Branch Code: _____

Account: Cheque Savings Transmission

Sign here: _____