



S. P. C. A.  
D. B. V.

# Empangeni

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✉ P O Box/Posbus 999, Empangeni, 3880

Ref. No. 002-464 NPO  
✉ info@empangeniszca.co.za

☎ 071 174 4746

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## **BANK DEBIT ORDER INSTRUCTION**

### **My Personal Details:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Contract No: \_\_\_\_\_  
Debit Amount: \_\_\_\_\_  
Commencement Date: \_\_\_\_\_  
Contact No: \_\_\_\_\_ Abbreviated name as registered with the bank: **SPCA EMPAN**  
Email Address: \_\_\_\_\_

### **My Bank Account details:**

BANK \_\_\_\_\_ BRANCH/TOWN \_\_\_\_\_  
BRANCH NO. \_\_\_\_\_ ACCOUNT NAME \_\_\_\_\_  
ACCOUNT NO \_\_\_\_\_ TYPE OF A/C \_\_\_\_\_

(savings, current, transmission)

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 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 the commencement date and continuing until this Authority and Mandate is terminated by Me/Us by giving you notice in writing of not less than 20 working days, and sent by prepaid registered post or delivered to your address indicated above.

On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_ 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 funds are available in my account.

I/We understand that the withdrawals hereby authorized 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. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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.

**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.

**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

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

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**SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS**

**Assisted By:**

**FOR OFFICE USE:**

**AGREEMENT REFERENCE NUMBER:**

**This agreement reference number is:**

**Please Fax completed form to: 086 225 4926 OR email to: [info@empangenispca.co.za](mailto:info@empangenispca.co.za)**