



DEBIT ORDER INSTRUCTION

Yes please! I would like to support the work of **Life Community Services!**

Please debit my account monthly for the amount of:

<input type="checkbox"/> R100	<input type="checkbox"/> R200	<input type="checkbox"/> R500	<input type="checkbox"/> OTHER: R
-------------------------------	-------------------------------	-------------------------------	-----------------------------------

MY DETAILS:

Surname:		First Name:	
Title:	Initials:	I.D. No.:	
E-Mail:			
Mobile No.:		Home No.:	
Work No.:		Fax No.:	

MY ADDRESS:

Street Address:			
Suburb:	Province:		
City:	Country:	Code:	

PAYMENT DETAILS:

<input type="checkbox"/>	I would like to pay via direct bank debit order:		
Bank:		Branch/Town:	
Account Holder:		Branch No.:	
Account Number:		Debit on:	<input type="checkbox"/> 1 st <input type="checkbox"/> 16 th day of the month
Account Type:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission

AUTHORISATION:

I hereby authorise **Life Community Services** to issue and deliver payment instructions for collection against my abovementioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account to) the sum indicated above, commencing on the Commencement Date and continuing **monthly** until this Authority and Mandate is terminated by me by giving **Life Community Services** notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your offices. The amount of each individual payment instruction may not be more or less than the amount indicated above. I understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal (including the word "**Netcash**") will be printed on my bank statement.

REFUND I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force.

MANDATE I acknowledge that all payment instructions issued by you shall be treated by my above mentioned bank as if the instructions had been issued by me personally. I agree to pay any banking charges relating to this debit order instruction.

ASSIGNMENT I acknowledge that this Authority and Mandate has been ceded to **Netcash (Pty) Ltd** as per **Life Community Services'** agreement with **Netcash (Pty) Ltd**. I acknowledge that the party hereby authorised to effect the drawing against my account may not cede or assign any of its rights and that I may not delegate any of my obligations in terms of this authority to any third party without prior written consent of the authorised party.

Signed: _____
(by account holder)

Commencement Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	Y	Y	Y	M	M	D	D

Admin/Forms2018/Financial/DR Order/18 February 2018/mh

DO NOT SEND THIS FORM TO YOUR BANK - THEY WILL NOT KNOW WHAT TO DO WITH IT - JUST FAX IT TO US PLEASE!