



Animal Rescue Centre
(ASSOCIATION INCORPORATED UNDER S21)
Reg. right to life welfare org. 99/15508/08
NPO 046-432
Tel: 0861 938667
Tel/Fax: 013 932 3941/2
E-mail: wetnose@absamail.co.za
Website: www.wetnose.org.za

Written Authority and Mandate for Debit Payment Instructions

Authority given by (name of Accountholder)

Address _____

Bank _____ Branch and Code _____

Account Number _____

Type of Account Current (cheque) / Savings / Transmission (delete that which is not applicable)

Amount _____ Commence Date _____

ID Number: _____

Cell/Phone Number: _____

E-Mail Address: _____

To WET NOSE ANIMAL RESCUE CENTRE

Registered Abbreviated Name: WET NOSE Agreement reference number: WET NOSE

I/We hereby authorise 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 ____ Day of ____ Month ____ Year.

I/We hereby authorise you to effect the following yearly increment NONE ____ 5% ____ 10% ____

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly
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 the 2nd of January annually

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 before the issuing of any payment instruction.

Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

Cancellation: I agree that any cancellation of this authority and mandate is to be given in writing to the authorised party.

Assignment: I acknowledge that the party is hereby authorised to effect drawings against my account without my prior consent, and that I may not delegate any of my obligations in terms of this contract/authority to any third party without the prior written consent of the authorised party.

Signed at _____ on this _____ day of _____

Signature as used for operating on the account)

Physical address: Plot 75 Vaalbank, Old Pretoria/Bronkhorstspruit Road Kungwini

Postal address: P.O. Box 1003, Rayton, 1001

Directors: D Herselman (Managing), A van Zyl, J. Bogiages, Adv. D Erasmus, N Crow (Chairlady)

