Hout Bay Neighbourhood Watch

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MONTHLY DEBIT ORDER INSTRUCTION IN FAVOUR OF HOUT BAY NEIGHBOURHOOD WATCH

BANK DEBIT ORDER INSTRUCTION AUTHORITY	DATE:	=
NAME (DEBTOR):	CONTACT NO:	_
AREA: BLOCK:	E-MAIL ADDRESS:	_
DEBIT AMOUNT:	COMMENCEMENT DATE:	_
BANK:	BRANCH CODE:	_
ACCOUNT NAME:	BRANCH TOWN:	_
TYPE OF ACCOUNT: CURRENT / TRANSMISSION / SAVINGS / CHEQUE	ACCOUNT NUMBER:	-
Abbreviated name as registered with bank: H BAY WAT	'C	
ALLOCATION OF FUNDS (MARK APPLICABLE): GENERAL HBNW SPEND: Y / N SPECIFIC AREA/BLOCK: Y / N SPECIAL PR	OJECT: Y / N PLEASE SPECIFY:	
This signed Authority and Mandate refers to our contract authorise you to issue and deliver payment instructions to our above mentioned bank (or any other bank or branch sum of such payment instructions will never exceed my / commencement date and continuing until this Authority and less than 20 ordinary working days, and sent by prepair	o the bank for collection against my / our aboveme to which I / We may transfer my / our account) or our obligations as agreed to in the Agreement, and and Mandate is terminated by me / us by giving you	entioned account at my n condition that the d commencing on the u notice in writing of
The individual payment instructions so authorised to be is	sued must be issued and delivered as follows	
i. On the day ("payment day") of each and every day falls on a Saturday, Sunday or recognized South Africa ordinary business day. Further, if there are insufficient fun track my account and re-present the instruction for payment	n public holiday, the payment day will automatical ands in the nominated account to meet the obligation	lly be the very next on, you are entitled to
I / We understand that the withdrawals hereby authorised South African Banks and I also understand that details of ewill contain a number, which must be included in the said identify the Agreement. A payment reference is added to be entitled to any refund of amounts which you have with owing to you.	each withdrawal will be printed on my bank statem payment instruction and if provided to you should this form before the issuing of any payment instru	nent. Each transaction d enable you to action. I / We shall not
MANDATE		
I / We acknowledge that all payment instructions issued b instructions had been issued by me/us personally.	y you shall be treated by my/our above mentioned	d bank as if the
CANCELLATION		
I / We agree that although this Authority and Mandate ma Agreement. I / We shall not be entitled to any refund of ar such amounts were legally owing to you.		
ASSIGNMENT		
I / We acknowledge that this Authority may be ceded to o that third party, but in the absence of such assignment of third party.		_
Signed at on this	day of 20	