

CONSTANTIA COMMUNITY POLICE SUB-FORUM

SONDELANI HOUSE

8 CONISTON WAY

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CONSTANTIA 7848



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PUBLIC BENEFIT ORGANISATION

930 031 387

CONSTANTIA VALLEY WATCH ASSOCIATION **BANK DEBIT ORDER INSTRUCTION**

NAME(Debtor): _____

ADDRESS: _____

Contact No: (HOME) _____ (OFFICE) _____

(CELL) _____ (EMAIL) _____

BANK DETAILS:

BANK: _____

BRANCH: _____

BRANCH NO.: _____

ACCOUNT NAME: _____

ACCOUNT NO.: _____

TYPE OF A/C: SAVINGS; CURRENT; TRANSMISSION

CONTRIBUTION DETAILS:

COMMENCEMENT DATE: _____

DEBIT AMOUNT PER MONTH: _____

This signed Authority and Mandate refers to our contribution in favour of the Constantia Valley Watches Association as dated on signature hereof ("the Agreement"). I / We hereby authorise 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 obligations as agreed to in this Agreement, unless by my/our prior written instruction 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.

The individual payment instructions so authorised are to be issued and delivered as follows;
On the **FIRST** day ("payment day") of each and every month commencing as stated above. 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.

CVWA PARTICIPATING WATCHES: [BKM](#), [CONSTANTIA](#), [CONSTANTIA HILLS](#), [KIRSTENHOF](#), [NOVA CONSTANTIA](#), [PLUMSTEAD](#), [SOUTHFIELD](#), [TOKAI](#).

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.

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 AND REFUNDS

As specified above.

ASSIGNMENT

I / We acknowledge that this Authority and Mandate has been ceded to Netcash (Pty) Ltd as per the CCPSF contract with Netcash (Pty) Ltd, but in the absence of such assignment, this Authority and Mandate will be null and void.

Signed at _____ on this _____ day of _____ 20__

SIGNATURE AS USED FOR SIGNING CHEQUES: _____

FOR OFFICE USE ONLY:

Assisted by: _____

This Agreement reference number is: _____

