

HvH Debit Order Payment

CONFIRMATION TO THE CLIENT

Contract / Agreement Number: _____

Commencement / Action Date: _____

Amount: _____

Abbreviated Name: HvH (must appear on your client's statement)

User Contact Details: Huis van Heerde
28 Tuin Street
Moorreesburg
7310
Tel: 022 433 1042
admin@heerde.co.za

AUTHORITY* AND MANDATE FOR PAYMENT INSTRUCTIONS:

A: AUTHORITY

Given by (Name of Account Holder): _____

Address: _____

BANK ACCOUNT DETAILS:

Bank Name: _____

Branch Name and Town: _____

Branch Number:

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Account Number:

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Type of Account:

Current		Savings		Transmission	
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Date: _____

Amount to be Deducted Monthly: R _____

Amount in Words: _____

**To: HvH – Huis van Heerde Child and Youth Care Centre
 28 Tuin Street, Moorreesburg, 7310**

I/ We hereby authorize Huis van Heerde to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank.

*This authority and mandate must be given in writing or electronically in terms of the Electronic Communications and Transaction Act. 2002, Chapter 3, Part 1.

The individual payment instructions so authorized to be issued, must be issued and delivered monthly on the date when the obligation is due and the amount of each individual payment instruction may not differ as agreed to.

I/We agree that the first payment instruction will be issued and delivered on _____ (date) and thereafter monthly on the 1st of every month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day.

Subsequent payment instructions will continue to be delivered in terms of this authority until this authority is cancelled by me/ us by giving you notice in writing of not less than 30 working days and sent by prepaid registered post of delivered to your address indicated above.

B. MANDATE

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

C. CANCELLATION

I/We agree that although this authority and mandate may be cancelled by me/us, such cancellations will not cancel the Agreement. I/We also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts we legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third part.

Signed _____ on this _____ day of _____

**Office use – Contract/ Agreement Reference Number is _____