

Dear Partner/Donor

We are delighted that you would like to become a committed agent of social change for the community of Nyanga. Thank you for partnering with us on our journey to uplift children and women through our educational and social welfare programmes – it truly is an exciting one!

Below you will find the debit order authority form for you to complete and submit back to us.

Kind regards

Etafeni Day Care Centre Trust Team

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder):

Donor Type: Individual / Company

Address:

Bank:

Branch code:

Account number:

Account type: Current (cheque) / Savings

Amount to donate per month:

Date:

Contact number:

ID number:

Email:

Contact number:

| | | | |
|---------------------------------------|-------------|---|----------------------|
| To (Beneficiary Details) Name: | | Etafeni Day Care Centre Trust | |
| Registration No: | 024-270-NPO | Email: | erica@etafeni.org.za |
| Address: | | 34 Sihume Road, Nyanga, 7750, Cape Town, South Africa | |

For EFT Purposes- Please find our Banking Details:

| | | | | | |
|----------------------|---------------|------------------------|------------|---------------------|--------|
| Bank Name: | Standard Bank | Branch Name: | Rondebosch | Branch Code: | 025009 |
| Account Type: | Current | Account Number: | 071430121 | | |

This signed Authority and Mandate refers to our contract dated (“the Agreement”).

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 continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent via email and acknowledged by you or by post/courier in writing.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: **MONTHLY.**

In the event that the payment day falls on a Sunday, or is recognized South African public holiday, the payment day will automatically be the preceding ordinary business day

Payment Instructions

I / We understand that the withdrawals hereby authorized 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. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instructions.

Mandate

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

Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. 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.

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 party, but in the absence of a such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at: _____ **Date:** _____

Signed by: _____ (Signature as used for operating on the account)