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Parktown Boys High School
Wellington Road
Parktown
Private Bag X15
Parkview, 2122

THE PARKTONIAN FOUNDATION

LION LEGACY

Debit order Authorisation Form

(email to: info@surgite.co.za)

AUTHORITY

Given by (name of account holder): _____

Address: _____

Email: _____ Mobile: _____

Bank: _____

Branch and code: _____

Account number: _____

Type of account: current (cheque)/savings/transmission (delete that which is not applicable)

Amount: _____

Date: _____

To: **The Parktonian Foundation**

Beneficiary's address: **Parktown Boys High School, Wellington Road, Parktown, 2400**

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 abovementioned account at my/our abovementioned 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 _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: On the _____ day ("payment day") of each and every month commencing on _____. 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.

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 or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you.

I/we grant permission of a 10% increase on the amount agreed to on 1 January of each following year.

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 CLAUSE

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

Signature of account holder: _____