



Inkazimulo – The Shining Light Trust

100CLUB – Debit Order Authorisation

A. Authority:

I, _____ (account holder) residing at _____
_____ (address) hereby authorise Inkazimulo – The Shining Light Trust to debit my
bank account on the ___ day of every month as follows:

Please fill in your banking details below:

Bank: _____

Branch & code: _____

Account Number: _____

Type of Account: Current (cheque) / Savings / Transmission

Month of 1st payment: _____

Identity Number: _____

Monthly Contribution: R100 R200 R500 Other R_____

Beneficiary details:

Name:	Inkazimulo – The Shining Light Trust
Abbreviated name (statement reference):	Inkazimulo
Contact number:	+27 83 468 3692
Address:	Private Bag X 14 Strubens Valley 1724

I/We hereby authorise Inkazimulo 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 commencing on 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 by prepaid registered post or delivered to your address as indicated below.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on _____

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this before the issuing of any payment instruction.

B. 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.

C. 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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

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

Signed at _____ (place) on the _____ day of _____ 2017

Signature of account holder: _____

Name of account holder (please print) _____

Trustees: Walter Henry Hopton (Chairman) – Milton 1940 to 1945
Geoffrey Kenneth Peck – Milton 1966 to 1970
Johan v Vuuren - Headmaster

NPO Registration: 123-870NPO
REG NO: IT 918/09

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Email: wally@potcholdboys.co.za
Website: www.potcholdboys.co.za/shininglighttrust