



DEBIT ORDER PERMISSION FORM

AGREEMENT REFERENCE: _____

A. Authority given by:

Name of Accountholder: _____

Name of Swimmer(s): _____

Identity Number of Accountholder _____

Mobile Number of Accountholder _____

Email address of accountholder _____

Name of Bank: _____ Branch: _____ Branch Code: _____

Account Number: _____ Type of Account: _____

Instalment amount to be debited: R _____ (as per invoice amount)

Commencement date: _____

Date on which Instalments are to be debited (Pick one): 25th _____ 30th _____ 1st _____ of the month

B. Beneficiary:

Name of beneficiary: **SEACOTTAGE AQUATIC CENTER**

Abbreviated Name as Registered with the Bank: **STARFISH**

Beneficiary's Physical Address: **8 SEACOTTAGE STR, VORNA VALLEY, MIDRAND**

This signed Mandate refers to our agreement / contract number _____

I hereby authorise you to issue & deliver monthly payment instructions to Softy Comp (With an annual increase in September) to my bank for collection against my above-mentioned bank account at my above-mentioned Bank. The sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on the above-mentioned commencement dated and continuing until this Authority and Mandate (**not the agreement**) 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 above. 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. Furthermore, if there are insufficient funds in my account to meet the obligation, **the Beneficiary** will be entitled to add R20.00 penalty fee & to debit my account again in 7 days.

I understand that the withdrawal hereby authorised will be processed through a computerized system provided by the RSA Banks. I also understand that details of the withdrawal will be printed on my bank statement

C. Mandate

I acknowledge that all payment instructions issued by Softy Comp shall be treated by my abovementioned Bank as if the instructions have been issued by me personally.

D. Cancellation

This mandate will commence on signature hereof and continue until this mandate is terminated by me/us by giving not less than 30 days written notice and sent to **the Beneficiary** at the address recorded bellow or emailed to admin@starfishswimschool.co.za 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.

E. Assignment

I/We acknowledge that this Mandate may be ceded or assigned to a third party only if our Agreement is also ceded or assigned to the same third party. In the absence of such assignment of the Agreement, this Mandate cannot be assigned to any third party.

F. Third Party Payment Provider.

I/we hereby acknowledge that **the Beneficiary** has appointed Softy Comp to execute the entire debit order process and act as **the Beneficiaries** appointed **Third Party Payment Provider**.

Signed at: _____ on this _____ day of _____ 20 _____

Signature/s as used for operating my/our bank account _____