



Just Grace
Langa High School
Washington Street
Langa

Tel: 081 700 3741
Email: contact@justgrace.co.za
Web: www.justgrace.co.za

Dear funder

We are delighted that you would like to become a committed agent of social change in Langa Township.

Thank you for partnering with us on our journey to uplift learners through our education programme – 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

The Just Grace Team

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder): _____

Donor Type: **Individual / Company**

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

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

Amount per month: _____

Date: _____

Contact Number: _____

ID Number: _____

Email: _____

Contact Number: _____

To (Beneficiary Details) Name: Just Grace NPC

Registration No:	2012/205872/08
Email:	contact@justgrace.co.za
Address:	Just Grace Langa High School Jungle Walk Langa 7455

Abbreviated Name as Registered with the Bank: JUST GRACE

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 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 above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

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

Payment Instructions due in December may be debited against my account on _____ the last day of the month _____.

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 instruction.

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

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)

(Full Name)