



## DULLSTROOM TROUT FARM (PTY) LTD (76/01541/07)

Address: 60 Nina Str Linmeyer 2105; P.O Box 1076 Bassonia, 2061; Tel: 011 435 0503; Cell: 082 521 5947

### Written Authority and Mandate for Debit Payment Instructions

Authority given by (*name and surname of Accountholder*): \_\_\_\_\_

Address: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch and Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Holder Physical Address: \_\_\_\_\_

Beneficiary Name and Physical Address: \_\_\_\_\_

Type of Account *Current (cheque) / Savings / Transmission* (delete that which is not applicable)

Amount: **R980.00**

Deduction Date: **1<sup>st</sup> day of every month (monthly)**

Abbreviated Name as registered with the bank : **TFFC/DTF LEVY**

Agreement Reference Number: **(Club to issue)**

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

I/We hereby authorize **Dullstroom Trout Farm (Pty) Ltd & Nutun Transact** 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. Deductions should commence on \_\_\_\_\_ (**date**) and continue 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 must be issued and delivered monthly, on the **1<sup>st</sup> day of the month**. In the event the payment day falls on a Sunday, or recognized 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, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I also understand that the short name **TFFC LEVY**, together with my reference number will be printed on my bank statement, which will enable me to identify the Agreement and deduction.

**Mandate:** I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned 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)

\_\_\_\_\_  
(Assisted By)