



RICHARDS BAY COUNTRY CLUB

10 Kurperkurwe, Meerensee, Richards Bay 3901
P.O. Box 10024, Meerensee, Richards Bay 3901
Tel: 035-753 2441

Email: accounts@rbcc.co.za
admin@rbcc.co.za
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Debit Order Instruction Agreement

Agreement Reference Number

This Agreement reference number is **RBCC** _____ **(Member number)**

A. Authority

Authority is hereby given by:

Full Names of Account Holder: _____

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

Type of Account: Current (cheque) / Savings / Transmission **(delete not applicable)**

Monthly Deduction Date: (**choose one**)

01	15	25	30
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Total subscriptions to be paid: _____

**(LESS AFFILIATION FEES WHICH MUST BE PAID IN FULL,
IN ADVANCE AND ONCE OFF)**

Plus once off installment fee of 10% on total: _____

Total amount to be paid off via debit order: _____

Amount to be deducted **per month**: _____

Over a period of _____ months, starting on _____

To (*name of beneficiary*):

Abbreviated Name as Registered with the Bank:

Beneficiary's Address:

RICHARDS BAY COUNTRY Club
RICHARDBAY
P O Box 10024, Meerensee, 3901

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").

The Agreement:

I/We hereby authorize you 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 the condition that the sum of such payment instructions, will never exceed my/our obligations as agreed to in the Agreement. 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.

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the 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 authorized, will be processed through a computerized 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 form in Section E before the issuing of any payment instruction.

B. Mandate

I/We acknowledge that my /our above-mentioned Bank shall treat all payment instructions issued by you, 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 _____ on this the _____ day of _____ 20_____

Signature (as used for operating on the account)_____

Assisted By _____ of Richards Bay Country Club.