



BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

Striving to ensure that every child is part of a loving family, by caring for orphaned or abandoned babies and destitute mothers.
Our 3 focus areas:

Foster Homes
Creating and supporting family style foster homes for orphaned and abandoned babies.

Mothers in Crisis
Providing young mothers, facing unplanned pregnancies, with guidance and practical support.

Social Enterprise
Creating job and skills development opportunities through our fund-raising and trading.

Office: Children’s Memorial Institute (CMI), 3rd Floor, Suite 8, 13 Joubert Street ext, Cnr Joubert & Empire Road, Braamfontein, 2193 • Postal: PO box 101, melville, 2109
T 011 484 4000 • F 011 484 3027 • love@hotelhopeministries.org • www.hotelhopeministries.org
Non-profit Organisation: 084289 • Non-profit company: 2010/006792/08
Public Benefit Organisation (Tax exemption): 930 034 387
All donations are tax deductible. Section 18a certificates issued on request.

Please email your completed form to **love@hotelhopeministries.org** or fax to **011 484 3027**.

YOUR CONTACT DETAILS

Name:			
Postal Address:			
Physical Address:			
Cell:		Work:	
Email address:			
Subscribe to our newsletter		Yes	No

DEBIT ORDER DETAILS

Debit Amount:			
Payment day: (Please tick appropriate)	26th of every month	1st of every month	15th of every month
Commencement date:			
Please debit my (Please tick appropriate)	Bank account	Credit Card	
Bank details		Credit card details	
Bank		Cardholder name	
Branch name		Card no.	
Branch code		Expiry date	
Account name		CVV no.	
Account no.		Card type (VISA / Mastercard)	
Account type (savings, current, transmission)			

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered on the "payment day" of each and every month, as selected above, commencing on the date specified above. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

MANDATE: I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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 and Mandate has been ceded to Netcash (Pty) Ltd as per your agreement with Netcash (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Signed at _____ on this _____ day of _____ 20__

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

FOR OFFICE USE
ASSISTED BY: _____ AGREEMENT REFERENCE NUMBER: _____