



MONTHLY DEBIT ORDER FORM

A. AUTHORITY: Paper/Electronic using Netcash (Pty) Ltd.

Given by (name of Accountholder/Business): _____
Date: _____
Contact person: _____
Contact number: _____
Email for contact _____
Address: _____

BANK ACCOUNT DETAILS:

Bank name: _____
Branch name/town: _____
Branch number: _____
Account number: _____
Type of account: Current(ch cheque) Savings/Transmission Business
Amount (monthly): R _____,00

To (name of beneficiary): PROUDLY HARTIES NPC
Address: 79 Ou Wapad Rd, Ifafi, Hartbeespoort, North West, 0260

Abbreviated short name to be used: **PROUDHART**

Refer to contract reference number _____ (“the Contract Reference Number”)

I/We hereby authorize **Netcash (Pty) Ltd** to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

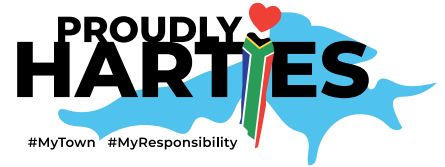
The individual payment instructions so authorized must be issued and delivered on the date when the obligation in terms of the Agreement is due, and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorized to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

Administrative Offices: Wapadhuis, 79 Ou Wapad Str., Ifafi, Hartbeespoort, 0260

T: 012 259 0158 | E: admin@proudlyharties.co.za | W: www.proudlyharties.co.za | SM: facebook.com/proudlyharties/

Reg Nr. 2024/778521/08 | Directors: R Gulmini, BM Swartz, A Louw



I/We agree that the first payment instruction will be issued and delivered on DD/MM/YYYY (date) and thereafter regularly on the _____ day of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

I/we acknowledge that all payment instructions issued by you will be treated by my/our abovementioned bank as if the instructions had 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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate 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.

Signed at on this day of.....,20____.

.....
Signature as used for operating on the account

.....
Assisted by

.....
Capacity

FOR OFFICE USE

E. AGREEMENT REFERENCE NUMBER

The agreement reference number is

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