



# FEED THE BABIES FUND

Reg. No: 002-273 NPO

PBO 930021047

VAT No: 4770130864

TEL: 031 201 4682

23 YORK AVE

P O BOX 37059

FAX: 031 201 4685

GLENWOOD

OVERPORT

DURBAN

4067

e-mail: [info@feedthebabiesfund.org.za](mailto:info@feedthebabiesfund.org.za)

Website: [www.feedthebabiesfund.org.za](http://www.feedthebabiesfund.org.za)

## Written Authority and Mandate for Debit Payment Instructions

Authority given by (name of Accountholder) \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Amount \_\_\_\_\_

I/We hereby authorise **FEED THE BABIES FUND** 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 the amount as stipulated above. 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 \_\_\_\_\_ day of the **month**. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Payment Instructions due in December may be debited against my account on \_\_\_\_\_ (date).

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that the short name and reference **FEEDTHEBAB** 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Mandate may be cancelled by me/us, such cancellation shall not be entitle me to any refund of amounts which you have withdrawn while this Authority was in force.

**Assignment:** I/We acknowledge that this Authority cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Signature as used for operating on the account)

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

**"FEEDING BODY & MIND"**