FEED THE BABIES FUND
EST 1957
FEEDING BODY & MIND
002-273 NPO

Written Authority and Mandate for Debit Payment Instructions

Authority given by (name of Account holder): _____

Address: _____

Bank: _____ Branch and Code: _____

Account Number: _____

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

Amount: R_____ (in words) _____

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 such payment instruction will never exceed the amount as stipulated above.

Deductions should commence on _____20___ (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 below.

The individual payment instruction, once authorised, must be issued and delivered monthly on the _____ day of the month. If 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and Mandate may be cancelled by me/us, such cancellation shall not entitle me to any refund of amounts which you have withdrawn while this Authority was in force.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.

Address of Feed the Babies Fund: Postnet Suite 094, Private bag X7005. HILLCREST, 3650.

Signed at _____on this day of _____20___ .

_____ _____

(Signature/s as used for operating on the account)