



MTUNZINI

RESIDENTS ASSOCIATION

51 Hely Hutchinson Street, Mtunzini, 3867

Kwazulu-Natal

South Africa

Email: office@zimirra.co.za

Web: Mtunzini Village

Tel: 072 369 3469

DEBIT ORDER AUTHORITY

Non-Profit Company reg no 2003/022172/08

Company Registered Name:	Mtunzini Residents Association	Abbrev. Name with bank:	MTUNZINIRA
Registration Number:	2003/022172/08		
Beneficiary's Address:	51 Hely Hutchinson, Mtunzini, 3867		

A. Authority

Name of account holder to debit:					
Domicile et executandi: (Address)					
Contact Numbers:	(C)		(W)		
Bank:					
Branch Code:		Account Number:			
MRA Membership Amount to be deducted:		Savings		Transmission	
		Type of Account		Current	
MEPS membership Amount to be deducted:		Debit date:	order	1st working day of the month	
MRA Advertising Amount to be deducted:					

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

I/We hereby authorise 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 condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on **01 / / 2020** 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.

I understand that increases on Membership fees are due on 1st March every year, notification of increase amounts will be sent before the date of increase.



MTUNZINI

RESIDENTS ASSOCIATION

51 Hely Hutchinson Street, Mtunzini, 3867
Kwazulu-Natal
South Africa

Email: office@zimirra.co.za

Web: Mtunzini Village

Tel: 072 369 3469

DEBIT ORDER AUTHORITY

Non-Profit Company reg no 2003/022172/08

The individual payment instructions so authorised to be issued must be issued and delivered as follows: **Monthly**

If the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.

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 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 all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

I/We agree to pay any penalty bank charges relating to this debit order instruction.

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 _____ day of _____

(Account holder on the bank account)

E. Agreement Reference Number

This Agreement **MTUNZINIRA**
reference number for
Debtor is

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Abbreviated Name

Your Debtor Account Reference