



PO BOX 129 | BLOUVLEI ROAD | WELLINGTON 7654 | SOUTH AFRICA  
TEL: (021) 873 3834/5 | FAX: (021) 873 5265  
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## HAM Debit Order Payment

### CONFIRMATION TO THE CLIENT

Contract / Agreement number: .....

Commencement / Action date: .....

Amount: .....

Abbreviated Name: **HAM** (*must appear on your client's statement*)

User Contact Details: House Andrew Murray  
c/o Blouvillei & Willem Basson Drive  
Wellington  
7655  
Tel: 021 873 3834  
[info@andrewmurray.org.za](mailto:info@andrewmurray.org.za)

**AUTHORITY<sup>1</sup> AND MANDATE FOR PAYMENT INSTRUCTIONS:**

**A: AUTHORITY**

GIVEN BY: (NAME OF ACCOUNTHOLDER): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**BANK ACCOUNT DETAILS:**

BANK NAME : \_\_\_\_\_

BRANCH NAME AND TOWN: \_\_\_\_\_

BRANCH NUMBER: 

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ACCOUNT NUMBER: 

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TYPE OF ACCOUNT: 

Current		Savings		Transmission	
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DATE: \_\_\_\_\_

AMOUNT TO BE DEDUCTED MONTHLY: R \_\_\_\_\_

AMOUNT IN WORDS: \_\_\_\_\_

**TO: HAM - HUIS ANDREW MURRAY KINDER- EN JEUGSORGSENTRUM**

**C/o Blouvillei & Willem Basson Drive, Wellington, 7655**

I / We hereby authorise House Andrew Murray to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my / our abovementioned bank.

<sup>1</sup>This authority and mandate must be given in writing or electronically in terms of the Electronic Communications and Transaction Act, 2002, Chapter 3, Part 1

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

I / We agree that the first payment instruction will be issued and delivered on \_\_\_\_\_ (date) and thereafter monthly on the 1<sup>st</sup> of every 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.

Subsequent payment instructions will continue to be delivered in terms of this authority until this authority is cancelled by me / us by giving you notice in writing of not less than 30 working days 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 shall 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 \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\*\* Office use -- CONTRACT / AGREEMENT REFERENCE NUMBER IS \_\_\_\_\_