



MARABASTAD OFFICE
 443 8TH STREET
 MARABASTAD
 CONT :- 0123260455/0123260462
 PRETORIA

REG-96/56543/23
 VAT-4030164679
 FSB NO- 3275

HEAD OFFICE
 TEL:- 0123864835
 E-MAIL:- info@gautengfuneralservices.co.za

BRANCHES:- ALEXANDRA CONT NO : 0118870100 / TEMBISA CONT NO: 0119265335 / MAMELODI CONT NO: 0725644891

Given by (Name of account holder)			
Address			
Bank		Branch code	
Account number		Account type	
Amount			
Date			
To:(name of beneficiary)	GAUTENG FUNERAL SERVICES.		
Beneficiary's address	443 8 TH STREET, MARABASTAD 0001		
Abbreviated name as it will appear on your bank statement		G FUNERAL	

AUTHORITY TO DEBIT ACCOUNT

This signed Authority and Mandate refers to our contract 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 _____

_____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

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

- i. On the _____ day ("payment day") of the month commencing on _____. In the event that the payment day falls on a Sunday or recognized public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in the (my) nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- ii. Monthly, bi-monthly, three monthly, six-monthly, annually, weekly, bi-weekly or once-off (delete which is not applicable), on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

Signed at _____

On this _____ day of _____

 Signature as used for operating on the account

I /We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which number 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 D before the issuing of any payment instruction.

A. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned Bank as if the instructions had been issued by me/us personally.

B. 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.

C. 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.

CLIENT DETAILS

- SURNAME _____
- NAME _____
- ID NUMBER _____
- POLICY NO _____
- DATE OF JOINING _____

CHECKLIST FOR DEBIT ORDER

- Client I'D copy must check if name is the same as account holder
- Copy of bank Card check name on card and check bank name see if corresponds with name on application.
- Confirmation letter from the bank to confirm the account numbers.
- Client should be above 18years. Please check date of Birth.
- Name and account Number Must be legible.
- Client cell phone number must be on debit order form.
- Pay date and when money reflect in account should be accurate.
- Premiums must be on. On first or before first.
- Explain the Client they will see reference as G funeral on their bank statement.
- All documentation must be sent to head office with correct book/Name of the main member/and I'D number.
- Explain to the client He must notify us if he want to cancel debit order. Or if don't have sufficient funds in his/her account. GFS investments not liable for lapse of their policy.
- Client can check the status of the policy by visiting our office or by phone.

SIGN ADMINISTRATOR