



NON-PROFIT COMPANY:
Registration Number 1997/010956/08 | Fundraising Number 030-787-NPO
Public Benefit Organisation Number: 930005868

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Queenswood, 0186, South Africa

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Queenswood, 0121, South Africa

DEBIT ORDER IN FAVOUR OF FOUNDATION FOR CHILDREN WITH HEARING LOSS IN SA

NAME: _____ SURNAME: _____

EMAIL: _____

CELL NO: _____

ADDRESS: _____

BENEFICIARY/PATIENT (if applicable): _____

I/We hereby request, instruct, and authorise the Foundation for Children with Hearing Loss in Southern Africa to draw against my account as per the bank details below, the sum of: R _____, amount in writing: _____

on the 1st / 15th / 29th (**please circle selection**) day of every month, commencing on _____ and continuing until termination of our agreement or until cancelled by the Organisation in the event of an unsuccessful transaction.

I further confirm that this instruction and authority will continue and may only be cancelled by myself in writing with a thirty days' notice. The Foundation for Children with Hearing Loss in SA has the right to cancel this debit order instruction with immediate effect in the event of an unsuccessful transaction, except if additional arrangements were made in advance.

All such withdrawals from my bank account by die Foundation for Children with Hearing Loss in SA shall be treated as though they had been signed by me/us personally. I understand that the withdrawals hereby authorised, will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement.

I agree to pay any bank charges relating to this debit order instruction, and all charges associated with this debit order, should it not be honoured by my bank.

Receipt of this instruction by die Foundation for Children with Hearing Loss in Southern Africa shall be regarded as receipt thereof by my bank (whichever it is or will be).

I acknowledge that the Foundation for Children with Hearing Loss in Southern Africa, hereby authorised to affect the drawing against my account, may not be cede or assign any of its rights to any third party without my prior consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.



TERMS & CONDITIONS

Herewith you acknowledge the following:

- All withdrawals from my bank account by the Organisation are considered personally authorized by me.
- I am responsible for paying the debit order premium stated in this contract; failure to pay may result in course repudiation and loss of access to services.
- I acknowledge that my bank charges a penalty fee for returned debit orders due to insufficient funds, and I will be liable for any related charges.
- I understand that no refunds will be issued for debited amounts as per this contract.
- The Organisation may levy a 15% fee for unsuccessful debit orders, including insufficient funds, stopped payments, or transaction disputes.
- I will ensure sufficient funds are available in my bank account to cover the debit order and to avoid bank fees caused by rejected orders.
- I commit to cancelling my debit order with a written notice of thirty days to the Organisation.
- I agree to notify the Organisation if I need to temporarily halt future debit order payments by instructing my bank to stop payments.
- The Organisation reserves the right to cancel my debit order if deductions are unsuccessful.

I am aware of any impact cancelling or suspending a debit order payment may have on my contractual commitments with the Foundation for Children with Hearing Loss in SA.

Banking Details:

Account Name:	Bank:
Branch Code:	Branch:
Account Type:	Account No:

I accept the terms & conditions as set out in this document.

Thus, signed and dated on: _____

Foundation Manager

Signature: _____

Name in print: _____

Please contact us at info@hearingloss.org.za if you require a tax certificate for monthly donations.