

Ultimate Fitness Richards Bay

18 Strelitzia
 Arboretum
 Richards Bay
 3900

(C) 078 705 5267
 (C) 071 354 7556
 (W) www.ultimatefitnessrbay.com
 (E) crossfitrichardsbay@gmail.com

BANK DEBIT ORDER INSTRUCTION / CREDIT CARD AUTHORITY

PERSONAL INFORMATION OF THE DEBTOR:

Name : _____ Date : _____
 Address : _____ Contract No. : _____
 _____ Debit Amount : _____
 _____ Commencement
 Date : _____
 Contact No: _____ Abbreviated name
 as registered with **CFIT BAY**
 the bank :

BANKING DETAILS OF THE DEBTOR:

BANK : _____ CARDHOLDERS
 NAME : _____
 BRANCH TOWN : _____ CARD NUMBER : _____
 BRANCH NO. : _____ EXPIRY DATE : _____
 ACCOUNT NAME : _____ CVV NUMBER : _____
 ACCOUNT NO. : _____ (three digit number on back of
 card)
 TYPE OF A/C : _____ CARD TYPE : _____

*(Savings, Current,
 Transmission)*

(Master card, Visa)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorize you to issue and deliver payment instructions to the bank 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

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

On the **1st / 15th / 25th** day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the 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;

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

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.

CANCELLATION

I / We agree that although this Authority and Mandate may be canceled 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.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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 _____ 20__

SIGNATURE [AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS]

FOR OFFICE USE

Assisted by: _____

AGREEMENT REFERENCE NUMBER

This Agreement reference number is: _____