

**HEIDELBERG CHAMBER OF BUSINESS**

**DEBIT ORDER AUTHORISATION FORM**

Full Name: \_\_\_\_\_

Membership No: \_\_\_\_\_

I.D. No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**BANK DETAILS**

Account Holder \_\_\_\_\_

Name of Bank \_\_\_\_\_

Branch Name \_\_\_\_\_

Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_

Account type \_\_\_\_\_

**TERMS AND CONDITIONS:**

I hereby instruct and authorise HEIDELBERG CHAMBER OF BUSINESS to debit my bank account every month on the 1<sup>st</sup> /15th (delete **NOT** applicable ) of the month, for the amount of ONE HUNDRED RAND (R100.00) in respect of membership fees and continuing until termination of my membership or until cancelled by me in writing.

I understand that the HEIDELBERG CHAMBER OF BUSINESS's financial year runs from August to August in any given year and I hereby authorise HEIDELBERG CHAMBER OF BUSINESS to adjust this amount from time to time in accordance with the annual escalation of membership fees.

All such withdrawals from my bank account shall be treated as though I had signed them personally.

I 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 or on an accompanying voucher.

I agree to pay any charges relating to this debit order instruction.

In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that an unpaid fee will be debited against the member's account by its bank and an additional unpaid fee of TWENTY RAND (R20.00) will be charged by HEIDELBERG CHAMBER OF BUSINESS relating to the return of the debit.

I furthermore accept responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time) and to provide HEIDELBERG CHAMBER OF BUSINESS in writing with sufficient notice and relevant information should my bank account details change during the duration of this instruction.

I understand that I may cancel this authority by giving HEIDELBERG CHAMBER OF BUSINESS THIRTY (30) days notice in writing sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which HEIDELBERG CHAMBER OF BUSINESS have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by HEIDELBERG CHAMBER OF BUSINESS shall be regarded as receipt thereof by my bank (whichever it is or will be).

I hereby voluntarily and expressly consent to and authorise HEIDELBERG CHAMBER OF BUSINESS and its management or staff or agents to process my Personal Information (including my name, ID number, banking details, postal address, telephone numbers and any other information I have provided to HEIDELBERG CHAMBER OF BUSINESS.

Processing shall include the collection, receipt, recording, organisation, collation, storage, updating, modification, retrieval, alteration, use, dissemination by means of transmission, distribution, making available in any other form, merging, linking, blocking, degradation, erasure or destruction of information.

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ Day of \_\_\_\_\_ ( Month ) \_\_\_\_\_ ( Year )

\_\_\_\_\_

**Signature**