BANK DEBIT ORDER INSTRUCTION

FOR OFFICE USE ONLY
Assisted by:
Agreement reference number:

A. Authority

Name (account holder) _____ Date D D M M Y Y

Address _____

_____

Cellphone no. _____ Email address _____

Debit amount R _____ Commencement date D D M M Y Y

Debit order instruction

Bank _____ Branch name _____

Branch code _____ Account name _____

Account number _____ Type of account ◯ Savings ◯ Current ◯ Transmission

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("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 the above-mentioned commencement date and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated below.

The individual payment instructions so authorised to be issued must be issued, and delivered as follows (Please tick the applicable option):

◯ Monthly ◯ Bi-monthly ◯ Three monthly ◯ Six monthly ◯ Annually ◯ Weekly ◯ Bi-weekly

On the _____ day ("payment day") of the month commencing on the commencement date above. In the event that the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment made to (name of beneficiary): The Naqshbandi Muhammadi Order of South Africa.
Abbreviated Name as registered with the Bank: NAQSHBANDI
Beneficiary's address: 204 12th Avenue, Kensington, 7405, Cape Town, South Africa.

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

B. 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.

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 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.

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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

It is my desire that my donations are allocated as follows:

General (Sadaqa)	R	Building of mosques	R	Zakah	R
Salaries of workers	R	Feeding of poor	R	Dawah	R

I agree that, to counter inflation, the Debit amount will be increased by _____ on the anniversary date of the Agreement and by the same amount / percentage on every subsequent anniversary date.

Signed at _____ Date _____ D D M M Y Y

Signature _____ *(Signature as used for operating on the account)*

Name _____ Surname _____

Please scan and email the signed debit order instruction form to donations@naqshbandi.org.za **www.naqshbandi.org.za**

The Naqshbandi Muhammadi Order of South Africa • Registered Non-Profit Organisation: 032-655-NPO
Address: 204 12th Avenue, Kensington, 7405, Cape Town, South Africa • Tel: +2721 593 3348

NAQSHBANDI MUHAMMADI
Order of South Africa
Our way is (founded on) association & goodness comes from congregation