

**WRITTEN MANDATE FOR  
DEBIT PAYMENT INSTRUCTIONS**



Please complete and e-mail to:  
gerhard@zoelifechurch.co.za

Authority given by (Name of bank account holder)	
Address	
E-mail	Cellphone
Bank	
Account Number	
Branch	
Type of account (delete which is not applicable)	Current (cheque) / Savings
Amount of monthly debit	R
Commencing on (date)	
Preferred date of monthly deduction	

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.

Name of beneficiary: Zoe Family Church trading as Zoe Life Church, abbreviated name as registered with the bank: ZOEFAMILY, address: 27 Melkbos street, Zwartkop x4, Centurion.

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. 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 as indicated above.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement.

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

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

(Signature as used for operating on the account)