

CHILD WELFARE TSHWANE DEBIT ORDER MANDATE

Head Office
77 Nicolson Street
Bailey's Muckleneuk
Tel: 012 460 9236
Fax: 012 460 6333

Risk Assessment
Intakes
Tel: 012 343 9392
Fax: 012 343 8788

Therapy Unit
Tel: 012 343 0535
Fax: 012 343 8788

Adoptions
Tel: 012 460 9236

Atteridgeville
Tel: 012 373 8131
Fax: 012 373 8306

Bramley
Children's Home
Tel: 012 460 6375
Fax: 012 460 6372

Centurion
Tel: 0861 298 298
Fax: 012 343 8788

Olievenhoutbosch
Tel: 072 385 1030

Eersterust
Tel: 012 806 7046/7
Fax: 012 806 7283

Elandspoor
Tel: 012 754 5981/2

Mamelodi
Tel: 012 805 4056/7
Fax: 012 805 4997

Mid City
Tel: 012 322 5803
Fax: 012 343 1373

Affiliated to
Child Welfare
South Africa



A. Authority

Given by (*name of account holder*) _____

Address _____

Bank _____

Branch and Code _____

Account Number _____

Type of Account (***delete that which is not applicable***) Current (cheque) / Savings / Transmission

Amount R _____ Date _____

To (*name of beneficiary*) _____

Abbreviated Name as Registered with the Bank. **CWTSHWANE**

Beneficiary's Address _____

This signed Authority and Mandate refers to our contract dated ("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 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 as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bimonthly, three monthly, six monthly, annually, weekly, bi-weekly (***delete that which is not applicable***)

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 instructions due in December may be debited against my account on _____

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. 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 in Section E before the issuing of any payment instruction.



Child Welfare Tshwane

77 Nicolson Street
Bailey's Muckleneuk
PO Box 503
Pretoria 0001

Tel: 012 460 9236
Fax: 012 460 6333

E-mail: info@childwelfare.co.za
www.childwelfare.co.za

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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 have 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.

Signed at _____ on this day _____ of _____.

(Signature as used for operating on the account)

(Assisted By)

E. Agreement Reference Number

This Agreement reference number is: _____

Please return completed forms to:

Attention: Louisa Diedericks

louisa@childwelfare.co.za

Fax: 012-460-6333