



DEBIT ORDER FORM

PERSONAL DETAILS OF MEMBER																																							
Surname / Company Name:																																							
Full names / Trading Name:																																							
ID number / Registration Number:																																							
Physical Address:																																							
Postal Address:																																							
Contact details:		HOME			WORK			MOBILE			e-MAIL			FAX																									
Member reference number:																																							
BANK DETAILS OF MEMBER																																							
Name of Account Holder:																																							
Account Type:		CHEQUE			TRANSMISSION			SAVINGS			OTHER																												
Name of Bank:																																							
Account Number:																																							
Branch Name:																																							
Branch Code:																																							
Credit Card type:		MASTER						VISA																															
Last 3 digits of credit card:																																							
COLLECTION INSTRUCTION - please tick the applicable																																							
Once-Off / Annual Deduction		<input checked="" type="checkbox"/>		If once-off, complete only date of 1st deduction										d		d		m		m		y		y															
Monthly Deductions		<input checked="" type="checkbox"/>		Date of 1st Deduction										d		d		m		m		y		y		Amount R		0		0		0		0		0		0	
Quarterly Deductions		<input checked="" type="checkbox"/>		Date of 2nd Deduction										d		d		m		m		y		y		Amount R		0		0		0		0		0		0	
Semiannually Deductions		<input checked="" type="checkbox"/>		How many successive months after the 2nd deduction above										0				0																					
Annually Deductions		<input checked="" type="checkbox"/>		Deduction day in the month										0				0																					
				Recurring amount to be deducted per month after the 2nd deduction above										Amount R		0		0		0		0		0		0		0		0									
				If applicable, last deduction date										d		d		m		m		y		y															
				If applicable, amount if different from the recurring amount above										Amount R		0		0		0		0		0		0		0											
Annual escalation thereof		%																																					

I/We, the client or the duly authorized representative thereof ("the CLIENT"), hereby authorised the entity mentioned below ("Gauteng Horse Society"), StratCol Ltd and/or its agents, to collect by means of electronic debit from the above account in the name of the CLIENT at the same or any other bank, all or any monies due by the CLIENT to Gauteng Horse Society, as principal debtor or for any other reason, and to pay same to Gauteng Horse Society. The authority so given is restricted to the amount mentioned above and may be deducted on the mentioned 7 working days hereafter.

I accept the following to be applicable hereto:

1. It is understood and agreed by my signature hereto, that this debit order is for an **ANNUAL** membership fee, calculated on an annual basis and that if not paid in a single payment then the monthly or quarterly payments are instalments on the annual payment and not monthly dues. This debit order may not therefore be cancelled or withdrawn prior to the annual amount being paid in full.
2. I and/or the CLIENT, individually and collectively and hold harmless Gauteng Horse Society, StratCol Ltd and/or its agents against any claim of any nature arising from the electronic debit or transfer or from any other cause following this authorisation and irrespective whether such authorisation had been withdrawn or not;
3. In the event of the relevant account not having sufficient cleared funds to meet any debit, I am aware that a fee of **R50** will be debited against the CLIENTS account by the Gauteng Horse Society relating to the return of the debit and therefor accept the responsibility to ensure sufficient cleared and available funds to the minimum of the limit above (or as amended from time to time).
4. Any reference to the entities above includes a reference to any successor in title or in appointment;
5. This authorisation is not an amendment to any specific arrangement regarding payment of accounts and serves merely as an arrangement as the method of payment, in part or in full. Any account with Gauteng Horse Society needs only to be credited once actual payment is received by the Gauteng Horse Society, and
6. should any dispute arise about Gauteng Horse Society's right to collect any amount in terms hereof, the CLIENT shall have the onus to instruct his bank to refuse or return any debit as unpaid.

DATE: _____

SIGNATURE: _____

STRATCOL REF:

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