



12A Cavendish street
Claremont 7708
Cape Town
w: barrebody.co.za
Reg No : 2012/079520/07

BANK DEBIT ORDER INSTRUCTION

Name : _____ SA ID no : _____
Address : _____ Start Date : _____
_____ Debit Amt : R1,250
_____ Tel No : _____

Abbreviated name as registered with the bank :

BARREBODY

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : _____
BRANCH NAME: _____
BRANCH NO: _____
ACCOUNT NAME: _____
ACCOUNT NO: _____
TYPE OF ACCOUNT: _____
(savings,current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I hereby authorise you to issue and deliver payment instructions to the bank for collection against my above mentioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, and commencing on the **commencement date and continuing for a minimum of six months, until this Authority and Mandate is terminated by me by giving notice in writing via email to information@barrebody.co.za of no less than 20 ordinary working days.** The individual payment instructions so authorised to be issued must be issued and delivered as follows ;

Initial _____

If your contract start date is from the 1st to 15th of the month your payment date will be the 15th.

If your contract start date is from the 16th onwards your payment date will be the 30th.

15th 30th

On the day payment day of each and every month. In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

I understand that the withdrawals hereby authorised 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 with the reference **BARREBODY** enabling me to identify the payment. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to Barre Body.

MANDATE

I acknowledge that all payment instructions issued by you shall be treated by the above mentioned bank as if the instructions had been issued by me personally.

CANCELLATION

I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which Barre Body have withdrawn while this authority was in force, if such amounts were legally owing to Barre Body.

ASSIGNMENT

I acknowledge that this Authority and Mandate has been ceded to Sage Pay (Pty) Ltd as per our agreement with Sage Pay (Pty) Ltd, but in the absence of such assignment of the Agreement, this Authority and Mandate will be null and void.

Signed at _____ on this _____ day of _____ 20__

SIGNATURE

AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

FOR OFFICE USE

First months prorate calculation	
No of days till the 15th or 30th of the month	
x Daily rate of R1250 / number of days of the month	
Total 1st Month Amount	