



International Society for Krishna Consciousness

Founder-Acarya His Divine Grace A.C. Bhaktivedanta Swami Prabhupada

11, 11th Avenue, Rivonia, Sandton | NPC Reg. No. 2021/807555/08

ISKCON SANDTON – DEBIT ORDER FORM

Please note: this form can be completed electronically and emailed directly to sandtonbtg@outlook.com

PERSONAL DETAILS			
Title	First Name	Last Name	
Date of Birth: (DD/MM/YYYY)		Occupation:	
CONTACT DETAILS		PHYSICAL ADDRESS	
Contact No: (cell no.)	E-mail:		
Landline:			
POSTAL ADDRESS		PHYSICAL ADDRESS	
	Code		Code
PAYMENT OPTIONS			
<input type="checkbox"/> Monthly D/O of R100			
<input type="checkbox"/> Monthly D/O own amount R_____			
<input type="checkbox"/> Lump sum of R_____			
<input type="checkbox"/> Please send me your Bi-monthly Back To Godhead Magazine(BTG) (Applicable for amounts above R100)			
BANKING DETAILS			
Name of bank:		Branch Code/Name:	
Account holder/name:		Account Type:	
Account Number:		Commencement Date: / / (DD/MM/YYYY)	
D/O Date: 1st		Abbreviated name as registered with the bank ISKCONSAND	
<p>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 the bank for collection against my / our abovementioned 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 commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.</p>			

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

i. On the **1st** day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized 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;

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We 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. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. 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.

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.

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.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to 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 _____ 20__

SIGNATURE (AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS)

FOR OFFICE USE ONLY

Representative:		Contact Number:	
Donor Number:		Receipt Number:	
Agreement reference number:			
Comments:			

Please e-mail form to: sandtonbtg@outlook.com
For service queries please contact:
Damodar das: 083-283-7660 or
Radhakund devi dasi: 073-167-4614