

STRATCOL USER NO: 7916
STRATCOL USER NAME: Dowerglades Residents Association
STRATCOL ABBREVIATED NAME: DRA
(This will be the name appearing on your Bank statement)
STRATCOL USER EMAIL ADDRESS: payments@dowerglades.co.za



**DOWERGLADES
RESIDENTS
ASSOCIATION**

DEBIT ORDER AUTHORISATION

ACCOUNT HOLDER (DEBTOR) INFORMATION:

ID Number / Registration Number: _____ Name & Surname / Company Name: _____

Address: _____ Code _____

Contact Details: _____ (Home) _____ (Mobile) _____ (Work)

Email Address: _____

If Company / CC, Name of Person(s) signing this: _____

Account Holder Name: _____ Bank: _____

Branch / Code: _____ Account Number: _____

Account Type: CURRENT SAVINGS TRANSMISSION OTHER If "Other" supply details: _____

COLLECTION INSTRUCTION:

Interval: ONCE OFF MONTHLY QUARTERLY BIANNUALLY ANNUALLY

Is this limited to fixed amounts, or to debits due in future that may vary? **Fixed amounts:**
Variable amounts:

Note: if variable, the amount(s) hereunder may be exceeded.

• **Once off transaction:**

Collection date: dd ____ /mm ____ / 20____ R _____. ____ (Amount)

• **Recurring transactions: CONTINUE INDEFINITELY UNTIL CANCELLED BY DEBTOR? YES NO**

1st Collection date: dd ____ /mm ____ / 20____ R **121.00** (Amount)

Day of Month thereafter: _____ (Please choose – 1st, 15th or last day)

• **If not indefinitely:** _____ (number of deductions) dd ____ /mm ____ / 20____ (Final date)

Annual escalation to be communicated by the DRA

I / We, the above mentioned and undersigned, hereby authorize StratCol to collect by debit order from the above mentioned bank account, all amounts due in terms hereof and to pay same to the Stratcol User above.

I confirm that I / we are the person(s) with signature authority as registered with my / our bank.

SIGNATURE (1): _____ SIGNATURE (2): _____ DATE: _____

AGREEMENT

DOWERGLADES RESIDENTS ASSOCIATION - OFFICE USE ONLY

EFT

Client reference number: _____

STRATCOL USER NO: 7916

I/we hereby authorize STRATCOL to issue and deliver payment instructions to my / our banker for collection against my/our abovementioned account at my/our abovementioned bank.

The individual payment instructions so authorized to be issued, must be issued and delivered according to the abovementioned interval on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

The payment instructions so authorized to be issued, must carry a number, which number must be included in the said payment instruction and if provided to me / us should enable me / us to identify the agreement on my / our bank statement. The said number should be added to this form on page 1 under client reference number, before the issuing of any payment instruction and communicated to me / us directly after having been completed by me / us.

I/we agree that the first payment instruction will be issued and delivered as per collection instruction.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I / We agree that the payment instruction may be debited against my / our account on the following or previous business day.

MANDATE

I / we acknowledge that all payment instructions issued by the Stratcol User shall be treated by my / our abovementioned 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 also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to the Stratcol User.

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.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____.

SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT
