

**PAYMENT COMMITMENT:
NO MORE ANIMAL ABUSE (FH POTGIETER)**

PERSONAL DETAILS OF CLIENT																																					
Surname / Company Name:																																					
Full names / Trading Name:																																					
ID number / Registration Number:																																					
Physical Address:																																					
Postal Address:																																					
Contact details:		HOME			WORK			MOBILE			e-MAIL			FAX																							
Client reference number:																																					
BANK DETAILS OF CLIENT																																					
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 Deductions		<input checked="" type="checkbox"/>		If once-off, complete only date of 1st deduction								d		d		m		m		y		y															
Recurring Deductions		<input checked="" type="checkbox"/>		Date of 1st Deduction								d		d		m		m		y		y		Amount R		0		0		0		0		0		0	
				Date of 2nd Deduction								d		d		m		m		y		y		Amount R		0		0		0		0		0		0	
				How many successive months after the 2nd deduction above								0				0																					
				Deduction day in the month																																	
				Recurring amount to be deducted per month after the 2nd deduction as above								Amount R		0				0		0		0		0		0		0									
				If applicable, last deduction date								d		d		m		m		y		y															
				If applicable, should amount be 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 authorize the entity mentioned below:

No More Animal Abuse (F H Potgieter) 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 No More Animal Abuse (FH Potgieter) as principal debtor or for any other reason and to pay same to No More animal Abuse (FH Potgieter). The authority given is restricted to the amount mentioned above and may be deducted on the mentioned deductiondate of 7 working days thereafter.

I accept the following to be applicable hereto:

1. This authorisation may only be withdrawn within 30 (thirty) days in written notice to No More Animal Abuse (FH Potgieter) at its physical address
2. I and/or the CLIENT, individually and collectively hold harmless No More Animal Abuse (FH Potgieter) 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 will be debited against the CLIENT account by the bank and No More Animal Abuse (FH Potgieter) relating to the return of the debit. I 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 and any account will only be credited once actual payment is received by No More Animal Abuse (FH Potgieter).

DATE: _____

SIGNATURE: _____