

 The 70s Group

 PO Box 3174

Houghton 2041

**DEBIT ORDER AUTHORITY GIVEN BY:**

1. **Name of Account Holder**:……………………………………………………………….

Address:………………………………………………………………………………………….

Town:…………………………………………………. Postal Code:……………………..

Bank Name:……………………………………….. Branch Code:…………………….

Account No:……………………………………….

Branch Name:……………………………………

Type of Account:………………………………. (Cheque/Savings/Transmission)

1. **Name of Beneficiary**: The 70s Group

Cheque Account No: 4095109893 held with ABSA, Rosebank

Branch Code: 632005

1. **MANDATE**

I hereby authorise The 70s Group to issue and deliver payment instructions to ABSA Rosebank for collection against my abovementioned account at my abovementioned bank the amount of R………….. being my monthly membership fee of not less than R50.

I agree that the first payment instruction will be issued and delivered on ………………………………….. (date) and thereafter regularly on the ……. of each month. If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day. Payment instructions will continue to be delivered in terms of this authority until it is cancelled by me by giving you notice in writing of not less than 30 days and sent by prepaid registered post or delivered to your address indicated above.

1. **MANDATE**

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

SIGNED BY ME ON THIS ……. DAY OF ………………………… 20…..

……………………………………………………

SIGNATURE AS USED FOR OPERATING MY ACCOUNT