



38 Lower Rochester Road  
Observatory  
Cape Town  
0791050981  
info@360training.co.za

## BANK DEBIT ORDER INSTRUCTION

Date: \_\_\_\_\_  
Name (360 Client): \_\_\_\_\_  
Name (Debtor): \_\_\_\_\_  
Contact Number (C): \_\_\_\_\_  
Contact Number (H): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(FOR OFFICE USE ONLY)**  
Contract: \_\_\_\_\_  
Debit Amount: \_\_\_\_\_  
Commencement Date: \_\_\_\_\_  
Name as registered with the bank: **360GYM**

Dear 360 GYM (PTY) LTD,

**The details of my account/the authorized account to be debited are as follows:**

Please use capital box letters:

ACCOUNT HOLDER: \_\_\_\_\_  
BANK: \_\_\_\_\_  
BRANCH TOWN: \_\_\_\_\_  
BRANCH NUMBER: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
ACCOUNT TYPE: \_\_\_\_\_

- I hereby instruct Direct Debits to be paid from my account at the request of 360 GYM (PTY) LTD.
- I confirm that the amounts to be debited are variable and may be debited on various dates and may change from time to time.
- I shall fully notify the Bank in writing if I wish to cancel this instruction. I shall also so notify 360 GYM (PTY) LTD of such a cancellation.

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I hereby authorize 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 until this Authority and Mandate is terminated by me by giving you notice in writing of no less than 20 ordinary working days, and sent via email to [info@36otraining.co.za](mailto:info@36otraining.co.za) or delivered to your address indicated above.

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

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.

**MANDATE**

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

**CANCELLATION**

I agree that although this Authority and Mandate may be canceled by me, such cancellation will not cancel the Agreement. 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 you.

**ASSIGNMENT**

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

**SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR OFFICE USE</b> AGREEMENT REFERENCE NUMBER The agreement reference number is: _____</p>
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