

Fill in your details below to receive regular updates and newsletters of *South Africa Needs Our Lady*.

Mr / Mrs / Miss \_\_\_\_\_ PLEASE PRINT CLEARLY

Address: \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact No \_\_\_\_\_ Email \_\_\_\_\_



**My Child of Mary Offering:**

☐ R100 per month ☐ R200 per month ☐ R300 per month ☐ R500 per month ☐ Other: R \_\_\_\_\_

**BANK DEBIT ORDER INSTRUCTION**

☐ BANK: \_\_\_\_\_ BRANCH CODE: \_\_\_\_\_ ACC NO: \_\_\_\_\_

ACCOUNT HOLDERS NAME: \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_  
*Cheque/ Savings/Other*

**OR CREDIT CARD AUTHORITY:**

☐ CARD HOLDERS NAME: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_ CARD TYPE: ☐ Master ☐ Visa

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 abovementioned account at my above mentioned bank 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. The individual payment instructions so authorized must be issued and delivered on the agreed day of each month or the next business day. I understand that the withdrawals hereby authorized 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. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. 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 cancelled 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 I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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 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.

**Date of Debit each Month:** ☐ 1<sup>st</sup> ☐ 5<sup>th</sup> ☐ 15<sup>th</sup> ☐ 25<sup>th</sup> ☐ 30<sup>th</sup>

Commencement Date: \_\_\_\_\_ Our abbreviated name with NETCASH is **FAMILY ACT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Required for either option above.)

**YOUR CHILD OF MARY BENEFITS**



1. Fr. Kevin Beaton will offer a Holy Mass every Saturday morning for you and your intentions.

2. You will receive this beautiful 40 x 50cm Fatima poster and a *Child of Mary* lapel pin.

3. You will receive regular reports and special updates.

4. Your name will be framed on our *Child of Mary* Memorial Plaque