Parish of the Blessed Sacrament

Blessed Sacrament Church: 2 Newport Avenue, Glenashley, Durban
Star of the Sea Church: 13 Park Drive, Umhlanga Rocks
manager@blessedsacrament.co.za ☎
031 564 7587
031 563 5459

As a member of the parish, I pledge financial support to the Church and work of the parish, for the glory of God.

Surname .....
First Names.....
Address .....
.....
Phone (H) ..... Phone (W) .....
Cell ..... email .....

I pledge:
R .....Monthly .....Annually.....

I will make my pledge by:
(Please indicate your choice)
1. Pre-printed envelope ..... (to be collected at the back of the church)

2. Debit Order – kindly complete attached form as required by the SA Reserve Bank for existing and new debit orders.

3. EFT Payments – kindly transfer your pledge into the parish banking account, providing your name as reference.
Account name: Parish of the Blessed Sacrament
Bank: FNB Durban 221426
Account number: 50844547792

Return of forms:

1. Pop it into the collection basket on Sunday, in a sealed envelope addressed to Gabi or hand it in to the parish office.
2. Email the form to Gabi at manager@blessedsacrament.co.za

Catholic Archdiocese of Durban
Isifundabhishobhi samaKhatolika sasThekwini

Street Address: Diocesan Chancery, 154 Gordon Road, Morningside, Durban, 4001
Postal Address: P.O. Box 47489, Greyville 4023, South Africa
Telephone: (031) 303 1417 Fax: (031) 303 6300 Email: archfinance@mweb.co.za
Website: www.catholic-dbn.org.za

ARCHDIOCESE OF DURBAN
FINANCIAL RESOURCES DEDICATION
PARISH: VIRGINIA – PARISH OF THE BLESSED SACRAMENT

DEBIT ORDER MANDATE

A. Authority Date: _____

Given by: *(name of account holder)* _____

Address: _____

Bank: _____

Branch and Code: _____

Account Number: _____

Type of Account *(delete that which is not applicable)* Current (cheque) / Savings / Transmission

Amount R_____

Date of Debit:

1st_____ 7th _____ 15th _____ 27th _____

To: Archdiocese of Durban

Abbreviated Name as Registered with the Bank: AOD VIRGINIA

Beneficiary's Address: 2 NEWPORT AVENUE, VIRGINIA, DURBAN NORTH

This signed Authority and Mandate refers to our contract dated_____ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on_____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

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

Monthly ☐ **Annually** ☐

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

Catholic Archdiocese of Durban
Isifundabhishobhi samaKhatolika sasThekwini

Street Address: Diocesan Chancery, 154 Gordon Road, Morningside, Durban, 4001
Postal Address: P.O. Box 47489, Greyville 4023, South Africa
Telephone: (031) 303 1417 Fax: (031) 303 6300 Email: archfinance@mweb.co.za
Website: www.catholic-dbn.org.za

B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

C. 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 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.

D. 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, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of_____.

_____
(Signature as used for operating on the account)

For office use:

E. Agreement Reference Number

This Agreement reference number is: _____