



**Our Lady of the Assumption
Catholic Parish
DEDICATION OF FINANCIAL RESOURCES**

FORM 1

Monthly/weekly number: _____

PLEASE PRINT CLEARLY

SURNAME _____

FIRST NAMES _____

ADDRESS _____

PHONE (H) _____ PHONE (W) _____

CELL _____ email _____

In thanksgiving for God's work through the Parish and for support of his work, I/We wish to pledge the amount of:

R _____ Weekly Monthly Annually

How would you like to pay: Envelopes Internet Payment (EFT)

EFT PAYMENT I will deposit my monthly Pledge by EFT into the Parish account Providing my Dedication Number or Name as Reference

Account Name: ASSUMPTION CATHOLIC PARISH Account no: 50844493995
 Bank: FIRST NATIONAL BANK - Durban Main Branch
 Branch Code: 221426

Signature..... Date.....

FOR DEBIT ORDERS: For existing and new debit orders, Kindly complete Form on the reverse of this page - Form 2 - (as required by the SA Reserve Bank.)

- Final Step:** Please return your Pledge form by either:
1. Emailing to Parish address: umbilo@aod.org.za
 2. Delivering the form in a sealed envelope to the Parish office addressed to Confidential Dedications Secretary.
 3. Placing the form in an envelope addressed to Confidential Dedications Secretary and placed the Collection Boxes at Masses



Catholic Archdiocese of Durban
Isifundabhishobhi samaKhatolika sasThekwini

FORM 2

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

ARCHDIOCESE OF DURBAN - FINANCIAL RESOURCES DEDICATION

PARISH: UMBILO - OUR LADY OF THE ASSUMPTION
DEBIT ORDER MANDATE

A. Authority

Date: _____

Given by <i>(name of account holder)</i>	
Address	
Contact	Cell: _____ email: _____
Bank	
Branch and Code	
Account Number	
Type of Account <i>(delete that which is not applicable)</i>	Current (cheque) / Savings / Transmission
Amount	
Date of Debit	1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 27 th <input type="checkbox"/> 30 th <input type="checkbox"/> First day of the month <input type="checkbox"/> Last day of the month <input type="checkbox"/>

To *(company name)* **UMBILO – ASSUMPTION**
Abbreviated Name as Registered with the Bank **UMBILO**
Beneficiary's Address **354 Z K Mathews Road, Umbilo, Durban, 4001**

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**
 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.

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: _____