



WRITTEN AUTHORITY AND DEBIT MANDATE

I/We authorise IMAGIN8, Insure Group Managers Ltd, or their authorized Third Party (Herein after referred to as **Epic**) to draw against my / our bank account the contracted value in terms of an authority / mandate from **Beautiful Feet Ministries** to collect and manage monies in respect of **Beautiful Feet Ministries** (“Agreement”) for which I/we extend this authority to collect by debit order.

I/We further authorise Epic to increase or reduce such amounts due from time to time to reflect any change to the Agreement, including changes in the base agreement cost, additional services, products, transactional costs as communicated to Epic by **Beautiful Feet Ministries**.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on the bank statement, with the reference prefix **Beautiful Feet Ministries**.

This authority remains in force until cancelled in writing by me/us.

Customer Name _____
Customer Contact number _____
Customer Email address _____
Account Holder name _____
(If different to Customer Name)
Address of Account Holder _____

Amount _____
Date of deduction _____
Bank name _____
Branch name and code _____
Town/City _____
Type of account _____
Account number _____

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The individual debit and / or payment instructions so authorised to be issued must be issued and delivered as follows: *(delete that which is not applicable)*

MONTHLY	BI-MONTHLY	THREE MONTHLY	SIX MONTHLY	ANNUALLY	WEEKLY	BI-WEEKLY
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In the event that the payment day falls on a Sunday, or recognised South African public holiday, the debit day will automatically be the preceding ordinary business day.

I further authorise Epic to deposit directly into the above account any amount which may be due to me/us in respect of any refund amounts.

We shall not be entitled to any refund of amounts which Epic has withdrawn while this authority was in force, if such amounts were legally due.

ACCOUNT HOLDER MANDATE

I/We acknowledge that all debit instructions issued by Epic shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

Signed at _____ on this ____ day of _____

(Signature as used for operating on the account)

Name