



Where Practice Meets Perfect

**DEBIT ORDER INSTRUCTION/AGREEMENT**

NAME OF DEBTOR.....  
 ADDRESS .....  
 ID NO .....  
 DATE: .....  
 MEMBERS NR.....

TO: Thatchfield Golf Academy (Pty) Ltd  
 Brakfontein Road  
 The Reeds, Centurion

STARTING DATE ..... EXPIRY DATE .....

Membership Type	Tick	Initials
<b>Perfect Practice</b> (Range & course only)		
<b>Adult Family Perfect Practice</b> (Range & Course for 2 Adults + 2 kids over 21 only)		
<b>Family Perfect Practice 12 Months</b> (Range, course & Fishing for 2 Adults + 2 under 21 kids only)		
<b>Range</b> (Range only)		
<b>9 Holes</b> (Golf Course only)		
<b>Fishing</b> (Fishing only)		
<b>Add Grass</b>		

The details of my/our bank account are as follows:

BANK NAME .....  
 BRANCH .....  
 BRANCH CODE 

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 ACCOUNT NUMBER 

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 TYPE OF ACCOUNT Current (Cheque)/Savings/Transmission (Delete where not applicable)

I/We hereby request, 'instruct' and authorise you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R [ ] the amount necessary for payment of the monthly instalment due in respect of the abovementioned agreement on or about the 27<sup>th</sup> or 1<sup>st</sup> day of each and every month commencing on [ ] continuing until [ ]. All such withdrawals from my bank account by you shall be treated as though they had been signed by me/us personally.

**Terms and Conditions of Agreement:**

I understand that the withdrawals hereby authorised will be processed by computer through a system provided by the South African Banks, and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.  
 I agree to pay any bank charges relating to this debit order instruction, including a R100 penalty should the transaction be declined. I also know that should the debit order fail to go through more than three times in the membership term the contract will be cancelled with a penalty fee to be decided by management.  
 I agree to pay 50% of the outstanding term when I wish to cancel the agreement before the expiry date.  
 I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.  
 Receipt of this instruction by you shall be regarded as receipt thereof by my bank.  
 I do understand that in any case of an unpaid debit order all the benefits as well as the memberships at Zwartkop Country Club will be placed on hold until a payment is made.  
 When 6- or 12-month contract/agreement expires it will then fall automatically to a month to month membership agreement until one month notice of cancellation is given.

**Assignment:**

I acknowledge that the party hereby authorised to effect the drawing/s against my/our account may not be cede or assign any of its rights to any of its rights to any third party without my/our prior consent and the I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party.

Signed at.....on this ..... day of .....

.....  
 SIGNATURE AS USED FOR SIGNING CHEQUES