



AGREEMENT OF MEMBERS YEARLY FEES

MEMBER NO:	
NAME:	
SURNAME:	
TEL:	
CELL:	
EMAIL ADDRESS:	
MEMBERSHIP FEES PAYABLE	

I, _____ would like to request to pay down my membership fees in monthly instalments as stated below:

THREE (3) PAYMENTS	
SIX (6) PAYMENTS	
TEN (10) PAYMENTS	
OTHER	

In the event of an unpaid account a mid-month debit order will be processed on or about the 18th of the following month.

In the event that an attempt to deduct the monthly payment fails, the full outstanding balance will become due and payable. Should the member fail to make the payment the member will become liable to pay all costs in connection with the collection of any amounts that are owed by the member. These costs may include, but are not limited to, any legal costs, collection commission, miscellaneous costs incurred in the collection process. A penalty fee will be payable amounting to 10% of the failed debit amount.

All members with unpaid accounts will be suspended from all member privileges. These will be reinstated once all arrears have been settled.

In the event that the account stays unpaid for three months the members' HNA handicap card will be blocked on SAGA. Resulting that the member will not be able to play at any other club at SAGA affiliated

rates. A reinstatement fee will be charged of R190.00 in addition to the outstanding membership fees, penalty fees and any other cost of the collection process.

Special arrangements will only be considered and approved by the EXCOM Committee. Three signatures will be required for approval.

SIGNATURE MEMBER		DATE	
APPROVAL BY GENERAL MANAGER			
SIGNATURE GENERAL MANAGER		DATE	



AUTHORITY AND MANDATE FOR PAYMENTS INSTRUCTION

Electronic and Written Mandates

GIVEN BY (NAME OF ACCOUNTHOLDER)			
ID NUMBER			
ADDRESS			
BANK			
ACCOUNT NUMBER		BRANCH AND CODE	
TYPE OF ACCOUNT	Current (cheque) / Savings / Transmission		
AMOUNT			
DATE:	(For Example: 1 st of every month)		
CONTACT NUMBER:			
ABBREVIATED NAME AS REGISTERED WITH THE BANK:	SERVICES G		

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, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable).

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

Payment Instructions due in December may be debited against my account on _____

I / We 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, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

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.

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.

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)

(ASSISTED BY)

Agreement reference number is _____