



Bay Fitness, Mountain View Centre, Avondrus Road,  
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Consultant: \_\_\_\_\_

## BAY FITNESS MEMBERSHIP FORM

Bank debit order instruction / credit card authority to deduct funds for membership for

(members name) \_\_\_\_\_ at Bay Fitness

### BANK DEBIT ORDER INSTRUCTION – PAYER DETAILS

Name : \_\_\_\_\_ Date : \_\_\_\_\_  
 ID : \_\_\_\_\_ Birth Date : \_\_\_\_\_  
 Contact No (C): \_\_\_\_\_ Address \_\_\_\_\_  
 Contact No (H): \_\_\_\_\_  
 E-mail : \_\_\_\_\_ Abbreviated name as registered with the bank **BAY FITNESS** :

Debit Order Amount	R _____	Debit Order Start Date:	_____
Initial Contract Duration	_____ mths	Joining Fee	_____ Upfront _____ Receipt _____

Dear Sirs/Madams

The details of my/our account are as follows:

ACCOUNT NAME. : \_\_\_\_\_ BRANCH NO. : \_\_\_\_\_  
 BANK : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_  
 BRANCH TOWN : \_\_\_\_\_ TYPE OF A/C : \_\_\_\_\_

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned 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 the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 30 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

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

I. On payment day of each and every month commencing as stated above. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;

Initial  
(Payer & members)

ii. Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

vii. Weekly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised 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. 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.

**MANDATE**

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had 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.

This is a binding contract and thereafter one month written notice of cancellation to be received by the company 30 days before the commencement date of the succeeding membership month. Within the first year there is a 50% of the remainder of the contract as a cancellation fee.

**YEARLY INCREASE**

I/We understand that the company may increase the membership fees annually with effect from the commencement date of each membership year with a maximum 10% increment.

**ASSIGNMENT**

I / We acknowledge that this Authority may be ceded to 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.

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS

**NAMES OF ADDITIONAL MEMBERS TO CONTRACT OR IF PAYER DETAILS DIFFER TO MEMBER DETAILS**

PRIMARY MEMBER / ADDITIONAL MEMBER (if different to payer details - please delete accordingly) Hereby agrees to all the terms and conditions noted above as a member at Bay Fitness.

Name :	_____	Date :	_____
ID :	_____	Birth Date :	_____
Contact No (C):	_____	E-mail	_____
Contact No (H):	_____	Signature	_____

Name :	_____	Date :	_____
ID :	_____	Birth Date :	_____
Contact No (C):	_____	E-mail	_____
Contact No (H):	_____	Signature	_____

Name :	_____	Date :	_____
ID :	_____	Birth Date :	_____
Contact No (C):	_____	E-mail	_____
Contact No (H):	_____	Signature	_____