

DEBIT ORDER INSTRUCTION (FOR ACB)

PERSONAL DETAILS OF CLIENT					
Surname / Company Name:					
Full names / Trading Name:					
ID number / Registration Number:					
Physical Address:					
Postal Address:					
Contact details:	HOME	WORK	MOBILE	e-MAIL	FAX

BANK DETAILS OF CLIENT				
Name of Account Holder:				
Account Type:	CHEQUE	TRANSMISSION	SAVINGS	OTHER
Name of Bank:				
Account Number:				
Branch Name:				
Branch Code:				
Credit Card type:	MASTER		VISA	
Last 3 digits of credit card:				

PAYMENT/COLLECTION INSTRUCTION			
Commencement date:	1 st Working day on or after the 3 rd of		20
Amount:	R	In Words:	
Annual escalation:	%	In Words:	percent.

I/We hereby authorize you to draw against my/our account with the above-mentioned bank (or any other branch/bank to which I/We may transfer my/our account) the amount necessary for payment of the monthly commitment due in respect of the donation as agreed. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us as personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the Debit Order System and I also understand that details of each withdrawal will be printed on my bank statement.

I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you **thirty days notice in writing**, sent by prepaid registration post, but I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.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/our bank (whichever it is or will be).

Signed at _____ on this _____ day of _____ 20

Signature as used for signing cheques: _____

Note: Attach a cancelled cheque.

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The Oyster
Project