DEBIT ORDER INSTRUCTION

FROM: (NAME OF DONOR)
(ADDRESS)
(TEL)
(DATE)
O:
ear Sirs
MY AGREEMENT DATED:
The details of my/our bank account are as follows:
BANK
BRANCH NAME AND TOWN
BRANCH NUMBER/CODE
ACCOUNT NUMBER
TYPE OF ACCOUNT CURRENT (CHEQUE) / SAVINGS / TRANSMISSION
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/ We hereby request "instruct" and authorize you to draw against my / our account with the above mentioned bank (or ny other bank or branch to which I / We may transfer my / our account) the sum of
(and amount in words), on theand continuing (as the case may be).
Il such withdrawals from my / our bank account by you shall be treated as though they had been signed by me / us ersonally.
We understand that the withdrawals hereby authorized will be processed by computer through a system known as the CB Magnetic Tape Service, and I also understand that the details of each withdrawal will be printed on my bank tatement or on an accompanying voucher.
/ We agree to pay any bank charges relating to this debit order instruction.
his authority may be cancelled by me / us by giving you thirty days notice in writing, sent by prepaid registered post. I /
re understand that I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was I force if such amounts were legally owing to you.
eceipt of this instruction by you shall be regarded as receipt thereof by my / our bank (whichever it is or will be).
SSIGNMENT: / We acknowledge that the party hereby authorized to effect the drawing (s) against my / our account may not ede or assign any of its rights to any third party without my / our prior written consent. I / we may not delegate ny of my / our obligations in terms of this contract authority to any third party without prior written consent of ne authorized party.
igned on the day of
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IGNATURE AS USED FOR SIGNING CHEQUES
ASSISTED BY CAPACITY(Where legally necessary)
AGGIOTED DI GARAGITI (Wilele legally flecessally)