

DEBIET ORDER FOR ACB

SURNAME AND INITIALS: _____

E-MAIL ADDRESS: _____ TEL/CELL NO: _____

Banking details of donor:

NAME OF ACCOUNT HOLDER: _____

ACCOUNT NUMBER: _____ BANK _____ BRANCH CODE: _____

Type of account

<i>Current</i>		<i>Savings</i>		<i>Transmission</i>	
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Choice of house to contribute to:

Nelspruit House		White River House	
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I/We hereby request, "Transfer it to you" and authorize you to contact me/Our account at the above bank (or another bank or branch where I/We may transfer My/Our account) with the R _____ (and amount in words) to debit "the amount necessary for the monthly donation in option, and in the terms of" the fee required for the above them to of the above-mentioned agree/insurance "at the _____ day of each month with effect from _____, 20 _____. All such withdrawals from my/our bank account by you are treated as if they were signed by me/us personally.

I/We understand that the withdrawals that are hereby authorised by a computer will be processed by means of a system known as the ACB Magnetic Band service, and I/We also understand that the details of each withdrawal will be printed on my/our bank statement or on a supplementary slip.

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

This authorization may be cancelled by me/us by giving you in writing thirty days' notice that is dispatched by prepaid registered mail, but I/we understand that I/we are not entitled to a refund of amounts that you withdraw while the authorization was effective if such amounts were lawfully due to you.

The receipt of this order by you is deemed to be receipt by me/our bank (as the case may be).

Transfer:

I/We acknowledge that the party authorised to conduct the draw (s) towards my/our account, (b) None of his/their rights to a third party may grant or be in advance without me/our written consent obtained beforehand, and that I/we may delegate none of my/our obligations in terms of this contract/authorisation to a third party without the written permission obtained beforehand from the authorised party.

Signed at _____ on this _____ day of _____ 20 ____

AUTHORIZATION OF SIGNATURE/S

Assisted by (if legally necessary)

Capacity

Please return completed document to Mariaan Lourens at betlehem@vodamail.co.za for processing at NG Kerk Nelspruit Suid