DEBIT ORDER FORM

DeafNET
Centre of Knowledge

*"Empowering Deaf persons
in Africa through knowledge"*

Name & Surname ....

Tel No .... Cell ....

Address ....

....

.... Code ....

E-mail ....

Date .... 20 ....

Dear Sirs

The details of my bank account are as follows:

BANK: ....

BRANCH: ....

BRANCH CODE: ☐☐☐☐☐☐☐

ACCOUNT NO: ☐☐☐☐☐☐☐☐☐☐☐

TYPE OF ACCOUNT: CURRENT (CHEQUE)   SAVINGS   TRANSMISSION

☐   ☐   ☐   *(Mark with a X where applicable)*

I wish to make a monthly contribution towards DeafNET Centre of Knowledge. I therefore request and authorise you to debit my account at the above bank (or other bank or branch to which I may transfer my account) with

R ☐   [....] (amount in words).

This sum must be deducted from my account on the .... day of every month. The first deduction is to take place on .... 20 ......

I understand that the deductions hereby authorised will be processed by means of a system known as the Nedbank Business Integrator service, and I understand that the details of each deduction will be reflected on my bank statement and on an accompanying printed slip.

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

This authorisation may be cancelled by me by giving you thirty days written notice. I understand, however, that I am not entitled to a refund of amounts deducted by you while this authorisation is valid.

The receipt of this instruction by you is considered tantamount to my bank acknowledging receipt thereof.

SIGNED AT .... ON THIS .... DAY OF .... 20.........

KINDLY RETURN COMPLETED FORM TO:
P.O. BOX 1169, WORCESTER, 6849
☎ 023 342 4092 🖷 023 347 1052
📧 finance@deafnet.org

SIGNATURE OF ACCOUNT HOLDER