St. Anthony's Education Centre

ST. ANTHONY'S ROAD – REIGER PARK – BOKSBURG

NON –PROFIT COMPANY (NPC)

REGISTRATION NO: 1979/000609/08
PBO NO: 18/11/13/1894

DEBIT ORDER INSTRUCTION

NAME: _____(Please Print)
ADDRESS: _____
_____
TEL: (H) _____ **(B)** _____
(CELL) _____ **(EMAIL)** _____

ST. ANTHONY'S EDUCATION CENTRE
ST. ANTHONY'S ROAD
REIGER PARK
BOKSBURG
1459

1. **Please deduct a monthly amount of R_____from my Bank Account on the 1st of every month:**
   From: _____(month/year) To: _____ (month/year)
   OR
2. **Please deduct an annual amount of R_____ from my Bank Account starting:**
   From: _____(month/year) To:_____ (month/year)
3. **Please increase my debit order amount by _____% each year on the anniversary of my Debit Order commencement date**

I/We hereby request, "instruct" and authorise you to draw against my/our account with the below mentioned bank (or any other band or branch to which I/we may transfer my/our account) the amount necessary for payment of the relevant instalment due in respect of my/our donation according to my/our election above and continuing (as the case may be). All such withdrawls from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as the ACB Magnetic Tape Service and I/we also understand that the details of such withdrawals will be printed on my bank statement or on any accompanying voucher.

I/We agree to pay and 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Receipt of this instruction by you shall be regarded as receipt thereof my/our bank(whichever it is or will be)

The details of my/our bank account are as follows:

BANK _____ **BRANCH NAME & TOWN** _____
BRANCH NUMBER: | | | | | | | | |

ACCOUNT NUMBER: | | | | | | | | | | | | | |

TYPE OF ACCOUNT HOLDER: _____

TYPE OF ACCOUNT: CURRENT/CHEQUE/ TRANSMISSION (Delete where NOT APPLICABLE**) (Note: Debit orders cannot be applied against Savings or Credit Card Accounts).**

Signed at _____ **on this date** _____

_____ _____
SIGNATURE AS USED FOR SIGNED CHEQUES **KINDLY PRINT YOUR NAME**