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Philippi Trust SA

Φ EST. 1999

SOUTH AFRICA

Christian Counselling and Counselling Training
Psychosocial Support for Orphans and Vulnerable Children

DEBIT ORDER INSTRUCTION

FROM: (DEBTOR) TITLE: _____ INITIALS: _____ SURNAME: _____

ADDRESS _____

_____

_____

TELEPHONE _____ MOBILE PHONE _____

EMAIL _____

TO: PHILIPPI TRUST SA MY AGREEMENT DATED: _____
The details of my/our bank account are as follows:

ACCOUNT NAME _____

BANK NAME AND BRANCH NAME AND TOWN _____

BRANCH NUMBER/CODE

ACCOUNT NUMBER

TYPE OF ACCOUNT

CURRENT (CHEQUE)	SAVINGS	TRANSMISSION

I / We hereby request "instruct" and authorize Philippi Trust SA to draw against my / our account with the above mentioned bank (or any other bank or branch to which I / We my transfer my / our account) the sum of R _____

_____ (amount in words), on the

_____day of each month commencing on _____and continuing (as the case may be). All such withdrawals 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 authorized will be processed by computer through a system known as the ACB Magnetic Tape Service, and I also understand that the details of each withdrawal will be printed on my bank statement or on an accompanying voucher. 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 registered post. I / we understand that I / we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.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 by my / our bank (whichever it is or will be).

ASSIGNMENT:
I / We acknowledge that the party hereby authorized to effect the drawing (s) against my / our account may not cede or assign any of its rights to any third party without my / our prior written consent. I / we may not delegate any of my / our obligations in terms of this contract authority to any third party without prior written consent of the authorized party.

Signed _____ on the _____ day of _____

_____
SIGNATURE AS USED FOR SIGNING CHEQUES

_____ _____
ASSISTED BY CAPACITY
(Where legally necessary)

NOTE: A cancelled cheque should be attached for bank identification purposes. (Cheque accounts only). The User may add to the above minimum requirements.

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Trustees:
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