



Vrystaat Jeugsorgsentrums Free State Youth Care Centres

DEBIT ORDER INSTRUCTION

IDENTIFICATION DETAILS:

DONER NAME: _____

(Initials & Surname / Name of Business in whose name the Tax Certificate must be)

ADDRESS: _____

TELEPHONE NUMBER: _____

TAX NUMBER OF DONER: _____

BENEFICIARY: _____

(Name of beneficiary – Free State Youth Care Centres or a specific Youth Care Centre ex. Happiness Youth Care Centre)

Dear Sir,

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

NAME OF ACCOUNTHOLDER: _____

BANK: _____ **BRANCH NAME AND TOWN:** _____

ACCOUNT NUMBER									

BRANCH NUMBER									

TYPE OF ACCOUNT		
CHEQUE	SAVINGS	TRANSMISSION

I/We hereby authorize you to draw against my/our account with the above-mentioned bank (or any other bank or branch to which I/We may transfer my/our account) the amount of R_____ (amount in words: _____) necessary for the monthly payment of my donation on the first day / fifteenth day / twenty fifth day of the month. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us as personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the Bankserv Magnetic Tape Service and I also understand that 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prepaid registration post, but I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.

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 and that 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.

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

Signed in _____ on this _____ day of _____ 20____.

SIGNATURE AS USED FOR SIGNING CHEQUES

ASSISTED BY

(where legally necessary)

CAPACITY

NOTE: A cancelled cheque could be attached for bank identification purposes