



Stimulation Centre for Children with Severe Disabilities

PO Box 161, Cresta 2118 - Tel: 083 653 5655 : Fax : 086 604 4129

Website: www.pathwaysroodepoort.org.za Reg No. 034-468 NPO

Sponsor a Child today!!!

BANK DEBIT ORDER INSTRUCTION – CREDIT CARD AUTHORITY

Name & Surname of Donor:			
Address:			
Signatory Name:		Date:	
Contact Tel no:		Fax No:	
Email Address:		Id no:	

Dear Sirs/Madams

The details of my bank account are as follows:

Bank:		Branch/Town:	
Branch no:		Account Name:	
Account No:		Account Type:	
			(Saving/Transmission/Cheque)

I/we hereby request and authorize you to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of

Tick Applicable Box	Amount in Rands	Amount in Words
	R 100.00 per month	One Hundred Rand per month
	R 200.00 per month	Two Hundred Rand per month
	R 300.00 per month	Three Hundred Rand per month
	R 500.00 per month	Five Hundred Rand per month
	Other R -	(Write amount in words)

or any variable amount pertaining to this agreement, on the first working day of each month.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally. I/we the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd, to draw against my/our account. I/we understand that if bank details have been supplied the withdrawals authorized here will be processed by BankServ. I/we also understand that details of each withdrawal will be printed on my/our statement.

I/we agree to pay any banking charges relating to this debit order instruction.

This authority may be cancelled by means of 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prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.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 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

Signed _____ Name : _____ on this _____ day of _____ 200__

SIGNATURE AS USED FOR SIGNING CHEQUES.

On completion please fax to : 086 604 4129 and forward original to Pathways Roodepoort

Thank you, you are making a difference!!!!