



Home for Abandoned Babies & Place of Safety

5 Carnation Road
Primrose
Germiston
1401
Tel: +27 11 054 0530
Cell: +27 74 942 1297

DEBIT ORDER AUTHORISATION FORM

I Prof/Dr/Mr/Mrs/Miss _____ (Full Names) I.D. No _____

Residential Address _____ (No. & Street) Postal Address _____

_____ (Suburb)

_____ (Suburb)

_____ (City)

_____ (City)

_____ (Postal Code)

_____ (Postal code)

Tel. No(____) _____ (Home) (____) _____ (Work) (____) _____ (Cell)

Hereby instruct and authorise El-Shammah Home For Abandoneed Babies to debit my bank account every month on the 1st/26th/30th(Delete **NOT** applicable)of the month, for the amount of R250/R500/R1000 (Delete **NOT** applicable) Own amount R_____. All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by notifying El-Shammah Home For Abandoned Babies, giving thirty days notice in writing, per registered post. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

BANK DETAILS

Account Holder _____ (Full Names)

Name of Bank _____

Branch Name _____ Branch Code _____

Account Number _____ Account type(e.g cheque/savings) _____

Signed at _____ (Town/City) On this the _____ Day of _____ (Month) _____ (Year)

Signature