DEBIT ORDER MANDATE

Name and surname		ID number	
Cell phone no		Tel no	
Street address		Area code	
Postal address		Area code	
Email address		Date	

Dear Sirs

DEBIT ORDER AUTHORISATION

I wish to make a monthly contribution towards the **BACK-a-BOISHAAIER** project as indicated below. I therefore request and authorise a monthly contribution to the **BACK-a-BOISHAAIER** fund. I authorise my bank mentioned below (or other bank or branch to which I may transfer my account) to debit my account with the amount as indicated:

The amount can be deducted from my account on the _____ day of every month.

Allocation: (*Please select **one** of the options below towards which you would like to contribute*.)

☐ Academics: R…………………………

☐ Culture: R …………………………

☐ Sport: R…………………………..

The first deduction is to take place is on _____20____ .

My banking details:

Bank name   _____   Branch name   _____

Account no ☐☐☐☐☐☐☐☐☐   Branch no ☐☐ - ☐☐ - ☐☐

Type of account **(mark with an X where applicable)**: ☐ Current (Cheque) ☐ Savings

I understand that the deductions hereby authorised will be processed by means of a system known as Sanlam Multi Data Services, and I understand that the details of each deduction will be reflected on my bank statement and on an accompanying printed slip, with the reference **MULTID for B-a-B** with my unique number.

I agree to pay any bank charges relating to this debit order.

I may cancel this authorisation by giving you 30 (thirty) days written notice. I understand that I am <u>not</u> entitled to a refund of amounts deducted by you while this authorisation is valid. Your receipt of this instruction is considered tantamount to my bank's acknowledgement of its receipt.

Signature of account holder

Signed at _____ on this _____day of _____20_____

OFFICE USE ONLY: MDATA   REFERENCE NUMBER