
DEBIT ORDER FORM

AUTHORISATION FOR DONATION BY DEBIT ORDER TO THE COMMUNITY CHEST

Name: _____

Address: _____

Date: _____

Signature: _____

Please accept my donation of R50, R75, R100 or R _____ (*my own amount*)

DEBIT ORDER:

Please debit my account on the __ day of every month.

Account Name: _____

Account No: _____

Type of account: Cheque Transmission Savings

Name of Bank: _____

Branch Name: _____

Branch Code: _____