



Safeline Child Abuse Treatment & Prevention Centre

TOLL FREE NUMBER: 08000 35553

DEBIT ORDER INSTRUCTION

From: FULL NAME : IDENTITY NUMBER:
ADDRESS :
TELEPHONE (HOME) : TELEPHONE (WORK):
CELL: FAX: EMAIL:

Date:

To: SAFELINE CHILD ABUSE TREATMENT AND PREVENTION CENTER
106, 4th Avenue
Green Acre
Grassy Park

To whom this may concern

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

BANK

BRANCH NAME AND TOWN

BRANCH NUMBER

ACCOUNT NUMBER:

Table with 10 empty cells for account number

TYPE OF ACCOUNT: CURRENT(CHEQUE)/SAVINGS/TRANSMISSION/(DELETE WHERE NOT APPLICABLE)

I/We hereby "instruct and" authorize you to draw against my/our account with the abovementioned bank(or any other bank or branch to which we may transfer my/our account) the sum of R (and amount in words), "the amount necessary for payment of the monthly instalment/premium due in respect of the abovementioned agreement / insurance" on day of each and every month commencing on and continuing until termination of our agreement or until cancelled by me/us in writing. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks 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by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed at on this day of

Signature