



The Voice of Premature Babies in Africa
PBO 930 016 584

Registration No: 2002/025421/08

45-173-NPO

P.O. Box 31773
Pretoria
0135
www.preemiesforafrica.org
info@preemiesforafrica.org

Toll Free : 080 PREEMIE
080 773 3643
Office : 012 333 1876
Fax : 086 564 9356
finances@preemiesforafrica.org

AUTHORITY FOR DONATION BY BANK DEBIT ORDER INSTRUCTION

Name (Debtor) : _____ Date : _____
Address : _____ Signatory name : _____
_____ Contact Tel : _____
_____ Email : _____

Dear Sirs/Madams

The details of my bank account are as follows:

Bank : _____ Branch : _____
Branch code : _____ Account name : _____
Account no. : _____ Type of A/C : _____

(Savings, Current, Transmission)

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 R25.00□; R100□; R200□; Own Amount R _____ (state amount in words), on the first working day of each month/once off. (*delete those not applicable). This being the amount donated to you.

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 (30) 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prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.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 _____ on this _____ day of _____ 200____

SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHER

Do you require an Article 18A Certificate for Tax Purposes? _____