

# DEBIT ORDER INSTRUCTION

From: \_\_\_\_\_

*Name of Donor*

E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Code: \_\_\_\_\_

To:



P O Box 7793  
Newton Park  
Gqeberha  
6055  
South Africa

Tel: 27 (0)41 360 7070  
Fax: 27 (0)41 360 1279  
E-mail: [mail@stfrancishospice.za.org](mailto:mail@stfrancishospice.za.org)

Dear Sir / Madam

Bank: \_\_\_\_\_ Branch Name & Town/City: \_\_\_\_\_

Branch Code No: \_\_\_\_\_ Account No: \_\_\_\_\_

Type of Account: Current (Cheque) / Savings / Transmission (*Delete where not applicable*)

I hereby request, instruct and authorise you to draw against my account with the abovementioned bank the sum of:

R50       R100       Other R\_\_\_\_\_

R\_\_\_\_\_ (in words \_\_\_\_\_) on the \_\_\_\_\_ day of each and every month  
(25<sup>th</sup> / 30<sup>th</sup> / 1<sup>st</sup>)

commencing on \_\_\_\_\_.

All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I understand that the withdrawals hereby authorised will be processed by computer through a system provided by the South African banks and also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher.

I agree to pay any bank charges relative to this debit order instruction. Should funds not be available in my

account to meet this debit order, I agree that a service fee may be applied and debited to my account on each such occasion.

This authority may be cancelled by me by giving you thirty (30) days notice in writing, but I understand that I shall not be entitled to a refund of amounts which you withdrew 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 bank.

## **ASSIGNMENT:**

I acknowledge that the party hereby authorised to effect the drawing against my account may not cede or assign any of its rights to any third party without my prior consent and I may not delegate any of my obligations in terms of this authority to any third party without written consent of the authorised party.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Signature*



Assisted by (where legally necessary): \_\_\_\_\_ Capacity: \_\_\_\_\_

**NOTE:** The user may add to / amend / cancel this debit order instruction by emailing St Francis Hospice directly.