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# FASfacts

We speak on their behalf



## DEBIT ORDER AUTHORISATION FORM

I, Prof/Dr/Mr/Mrs/Miss \_\_\_\_\_ (Full Names) ID # \_\_\_\_\_

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

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

Cell No \_\_\_\_\_ Home No \_\_\_\_\_ Work No \_\_\_\_\_

Hereby instruct and authorise **FASfacts** to debit my bank account monthly on the 1<sup>st</sup>/25<sup>th</sup>/30<sup>th</sup> (delete **NOT** applicable), for the amount of R \_\_\_\_\_

All such withdrawals from my bank account shall be treated as though I had signed them personally.

I understand that the withdrawal hereby authorised will be electronically generated.

I also understand that details of each withdrawal will be printed on my bank statement.

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

I may cancel this authorisation/instruction by notifying FASfacts, giving thirty days' notice in writing,

I understand that I shall not be entitled to any refund of amounts which were withdrawn or processed whilst this authorisation was in force.

### BANK DETAILS

Account Holder \_\_\_\_\_ (Full Names)

Name of Bank: \_\_\_\_\_

Branch Name \_\_\_\_\_ Branch Code \_\_\_\_\_

Account Number: \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

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

\_\_\_\_\_  
**Date**



**Fundraising and Communications Office:**

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