Head Office
PostNet Suite 105
Private Bag X2600
Houghton 2041
Tel: 0861 113 500
Fax: 011 326 4998
Email: headoffice@choc.org.za
Website: www.choc.org.za

Childhood Cancer Foundation South Africa
"Keeping more than hope alive"

NPO Registration no: 001-338 NPO

DEBIT ORDER INSTRUCTION

for the collection of a monthly donation to CHOC

TO: CHOC Childhood Cancer Foundation
PostNet Suite 105,
Private Bag X2600
Houghton 2041

CHOC OFFICE: _____

DATE: _____

FROM: _____ (Name of debtor)

													(ID no)

(Address)

(Postcode)

(Telephone)

(Cellphone)

(E-mail)

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

BANK											
BRANCH NAME AND TOWN											
BRANCH NUMBER											
ACCOUNT NUMBER											
TYPE OF ACCOUNT		Current (cheque)		Savings		Transmission		(Tick as appropriate)			

I/We hereby request, 'instruct' and authorise 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 R…… (and amount in words) …… on the 15th 30th (tick as appropriate) day of each and every month commencing on …… and continuing (as the case may be). 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 confirm that I/we as donor/donors whilst not under legal obligation to do so, gratuitously donate or undertake to donate the aforesaid payments to CHOC with the intention of assisting CHOC in the furtherance of its activities and objectives.

I/We understand that the withdrawals hereby authorised will be processed by computer through a 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.

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registered post. I/We accept that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority is in force.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

ASSIGNMENT:
I/We acknowledge that the party hereby authorised to effect the drawing/s against my/our account may not cede or assign any of its rights to any third party without my/our prior consent 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 authorised party.

Signed ……on this …… day of ……,,,,,,,,,,,……20…..

……	……	……
SIGNATURE AS USED FOR SIGNING CHEQUES	ASSISTED BY (Where legally necessary)	CAPACITY

NOTE: A cancelled cheque should be attached for bank identification purposes (Current Accounts only).
The User may add to the above minimum requirements.