

DEBIT ORDER INSTRUCTION (for the collection of a monthly donation to CHOC)

TO: CHOC Childhood Cancer Foundation SA PostNet Suite 105 Private Bag X2600 Houghton 2041 CHOC Region: _____	FROM:											
	ID NO.											
	CONTACT NO:											
	E-MAIL:											
	DATE OF BIRTH:											
	GENDER:											
	ADDRESS:											

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

ACCOUNT HOLDER NAME												
BANK												
BRANCH NAME												
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_____ (amount in words) _____

on the 1st ☐ 15th ☐ 25th ☐ 30th ☐ (tick as appropriate) day of each and every month commencing on the _____ day of _____ 20____ and continuing (as the case may be). In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. 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 through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my Bank statement which will contain a short name to enable me to identify the transaction. The short name will reflect as CHOC.

Mandate: I acknowledge that all payment instructions issued by you shall be treated by my above-mentioned Bank as if the instruction has been issued by me personally.

Cancellation: I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force if such amounts were legally owing to you.

Assignment: I acknowledge that this Authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20____

Donor Signature _____