



YOU CAN HELP US!



DEBIT ORDER FORM

DATE FORM COMPLETED:

SURNAME: FIRST NAMES:

IDENTITY NUMBER / PASSPORT NUMBER:

POSTAL ADDRESS: POSTAL CODE:

EMAIL ADDRESS:

CELL NUMBER: HOME TEL: WORK TEL:

BANKING DETAILS

BANK: ACCOUNT NAME:

ACCOUNT NUMBER: BRANCH CODE:

BRANCH NAME ACCOUNT TYPE:

DEBIT ORDER AMOUNT (**FOR MEMBERSHIP = ONLY R 50.00 PER MONTH**):

WRITE DEBIT ORDER AMOUNT IN FULL:

Which date is this amount to be deducted from your account—Please mark with an X

01st of every month	15th of every month	25th of every month	DATE OF FIRST DEBIT ORDER:

I hereby authorize Bethlehem Child and Family Welfare to draw from my account the monthly amount of R _____ towards welfare services rendered in the community. I may cancel this Debit Authorization by giving **ONE CALENDAR MONTH'S** written notice.

SIGNATURE **DATE**

PRINT NAME

**Once the form is completed please post to:
P.O. Box 708, BETHLEHEM, 9701 or, contact
Deon Erwee on: 058-3030222 to collect it.**

