DEBIT ORDER FORM

Mail this form to the TAC Treatment Project, P O Box 172, Muizenberg, 7950 or take it to your bank.
For your security, please use registered mail if you include credit card details.

Donor Name _____

Address _____

_____

E-mail _____ Tel(h) _____

Tel(w) _____ Tel(cel) _____

Name of Account Holder _____

Your ID _____

Bank _____

Branch Name & Town _____

Branch No _____

Account No _____

Account Type Current ☐ Savings ☐ Transmission ☐

Please draw against my abovementioned account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the sum of R _____ each month for the months of _____ to _____ inclusive, commencing 1 _____ 2003. All other debits are to be processed on the first business day of the month. All such withdrawals from my bank account by you shall be treated as though I had signed them personally.

I authorize my payment to be increased by 5% per annum: Yes ☐ No ☐

I understand that the withdrawals hereby authorised will be processed through a system known as ACB Magnetic Tape.

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

I agree to pay any bank charges relating to this debit order instruction: Yes ☐ No ☐

This authority may be cancelled by me by giving you thirty days notice in writing, sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts that you have withdrawn while this authority was in force if such amounts were legally owing to you.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 whichever it is or will be.

Signed at _____ on this _____ day of _____

in the year _____

Signature as used for signing cheques _____

CREDIT CARDS: You can also use your credit card to donate online at www.tac.org.za/treatment

Name on card _____

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card Type Visa ☐ Master Card ☐ American Express ☐ Diners ☐

Last 3 digits on back of card ☐☐☐

Signature of Cardholder

Expiry Date ☐☐☐☐ _____

My name can be used publicly as a donor to this project Yes ☐ No ☐