

Non-Profit Organisation Registration no: 2017/174825/08

ABBREVIATED NAME (**P3R**) TO BE USED AS DEBIT ORDER REFERENCE

DEBIT ORDER INSTRUCTION

Send completed document per email to: info@proudly3rivers.co.za

FULL NAME OF ACCOUNT HOLDER: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

I/We hereby "instruct and authorize" you to draw against my/our account with the mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount indicated on this instruction on the 1st or 20th day (please select) of each and every month commencing on _____ and continuing until termination of our agreement or until cancelled by me/us in writing, by giving you thirty (30) days' notice.

PLEASE DEBIT MY ACCOUNT MONTHLY WITH A DONATION IN THE AMOUNT OF:

(Please indicate by marking your option with an X)

R50 R100 R200 R500 R1000 R2000 R3000

OTHER AMOUNT _____ (Please indicate amount)

BANK DETAIL:

NAME OF BANK: _____ BRANCH NAME: _____

BRANCH CODE: _____

ACCOUNT NUMBER:

TYPE OF ACCOUNT: CURRENT/CHEQUE SAVINGS TRANSMISSION

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I understand that either I or Proudly Three Rivers can terminate this request by written notification to the other party at any time.

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 written 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 authorized party.

Signed at _____ on this _____ day of _____ 20____

Signature as used for signing cheques

Assisted by (only where legally required)

_____ (Capacity)