

20  
23

# Generocity



## DEBIT ORDER FORM

THE  
CITY



## ACCOUNT & CONTACT DETAILS

### CONTACT DETAILS:

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Campus: \_\_\_\_\_ Service: \_\_\_\_\_

### ACCOUNT DETAILS:

Bank: \_\_\_\_\_

Account holder: \_\_\_\_\_

Account number: \_\_\_\_\_

Branch name: \_\_\_\_\_ Branch code: \_\_\_\_\_

☐ Current (Check) ☐ Savings ☐ Transmission

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature: \_\_\_\_\_

Payment will be made via: ☐ Debit order ☐ Once-off EFT (Electronic fund transfer) ☐ Monthly EFT

Payment made monthly : ☐ R150 ☐ R300 ☐ R600 ☐ R1500 ☐ Other R \_\_\_\_\_

## INDEMNITY FORM

I/we hereby request & authorise you to debit my/our account at the above-mentioned bank (or another bank or branch to which I/we may transfer my/our account) with the amount of R \_\_\_\_\_, (amount in words) \_\_\_\_\_

as a monthly payment in order to make a difference in the Doxa Deo Generocity Fund on the \_\_\_\_\_ day of each month as from \_\_\_\_\_ and will run until cancelled.

Herewith I place my trust in God who will enable me to fulfil my promise.

All such withdrawals by yourself from my/our account will be treated as though undersigned by myself/ourselves. I/we understand that such withdrawals will be processed by means of a system known as the ABC magnetic services and I/we understand that the details of every withdrawal will be printed on an attached slip. I/we agree to the payment of any bank costs with regard to this debit order.

This authorization can be cancelled by myself/ourselves by providing you with a 30-day notice period per prepaid registered post, but I/we understand that I/we am/are not entitled to any back payments of amounts withdrawn by yourself while the authorization was applicable of such amount and were legally due to yourself.

☐ Cancel debit order after 12 months.

Signature: \_\_\_\_\_