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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period per prepaid registered post, but I/we understand that I/we am/are not entitled to any back payments of amounts withdrawn by yourself while the authorization was applicable of such amount and were legally due to yourself.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: _____