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Debit Authorisation Form

Please send completed forms to cathy@peaceagency.org.za

Contact details

First Name		Surname	
Telephone		Email	

The details of my /our bank account are as follows

Account Name				
Bank Name				
Branch Name & Number				
Account Number				
Type of Account	Current (cheque)	Savings	Transmission	Choose one
Project Supporting	The Baby Home	Bright Stars	Project Dignity	All Projects

I/We hereby request, "instruct" and authorise **DEBITSURE / THE PEACE AGENCY** to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for the monthly payment due in respect of the above mentioned agreement on a specific day of each and every month commencing on **1st or 15th** (*please circle one*) for the amount of _____ . All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We agree to pay **any penalty bank charges** relating to this debit order instruction.

This authority may be cancelled by me/us by giving thirty days' notice in writing, after a period of **one month** which can be sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Signed _____ on this _____ day of _____

Signature as used for signing cheques

Assisted by
(Where legally necessary)

Capacity

