

Please complete the attached debit order form and send it back to us (info@sunshine.org.za or fax 086 661 4005) and we will do the rest.

<b>PERSONAL INFORMATION</b>			
Account Number			
Surname			
Initials			
Postal Address			
Code			
I.D Number			
Telephone numbers	Home:	Work:	Cell:
<b>DEBIT THE FOLLOWING ACCOUNT:</b>			
Name of Bank		Branch Name	
		Account number	
Type of Account:	Tick your choice	current	savings transmission
Date of transaction (s):	Tick your choice	2 <sup>nd</sup>	10 <sup>th</sup> 15 <sup>th</sup> 25 <sup>th</sup>
Amount		Full	Monthly instalments 6 months
First payment date:			

Acknowledgement: I hereby instruct and authorise Sunshine Centre Association to draw against my account with the abovementioned bank (or any other bank or branch to which I may transfer my account) the amount necessary (as stipulated above) for payment in respect of the abovementioned agreement and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my account by you shall be treated as though I had signed them personally. I understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawals will be printed on my bank statement or on an accompanying voucher. I agree to pay any bank charges relating to this debit order instruction. I may cancel this authority by giving you thirty (30) days notice in writing sent by prepaid registered post, but I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you. Receipt of this instruction by you shall be regarded as receipt thereof by my bank (whichever it is or will be)

funded by



supporting and strengthening families and communities of children with special needs

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