# WIDOWS AND ORPHANS FUND

Tel: (012) 348 1557 Fax: 086 452 5413 Email: reception@wofund.org.za

## DEBIT ORDER

### DONOR

I, the undersigned

*Name of the company, organization, business, individual*

| | |
|---|---|
| | |
| ID | |

| | | | |
|---|---|---|---|
| Postal address | | | |
| | | Postal code | |
| Tel(h) | | Cell | |
| Email | | | |
| Contact person | | Cell | |

**BANKING DETAILS**:

| | | | |
|---|---|---|---|
| Bank | | Branch name | |
| Branch no | | Account no | |
| Type of account(Tick in appropriate block) | Cheque | Savings | Transmission |

I hereby request and authorize you to draw against the account with the abovementioned bank (or any other bank or branch

to which I may transfer my account) the sum of R..... , please tick one of the blocks below

| MONTHLY | ANNUALY |
|---|---|
| | |

in respect of the Widows and Orphans Fund commencing on .....20..... and continuing until termination of our agreement or until cancelled by me in writing. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.

I understand that the withdrawals hereby authorized will be processed through a computerized system known as Business Integrator and I also understand that details of each withdrawal 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.

This authority may be cancelled by me by giving you thirty days notice in writing, sent by prepaid registered post or email, but I understand that I shall not be entitled to any refund of amount which you have withdrawn while this authority was in force, if such amounts were legally owing to you.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).

I understand that the contribution can be increased from time to time and that this authority to deduct will include such increases. I understand that if contribution is accidentally debited against a wrong account due to incorrect information provided by me, the Widows and Orphans Fund are indemnified against any legal action that may result from such wrongdoing. I understand that if my bank details change and I do not pass the new information on to the Widows and Orphans Fund, the Fund can approach my employer to obtain the correct bank details.

I hereby certify that the information supplied by me on this form is in all respects true and correct, and I acknowledge the information noted on this form.

Signed: ..... on this ..... day of..... 20 .....

.....

Signature