



PO Box 43507  
Heuwelsig  
9332

Cell: 083 325 1899  
Tel: 0514369067  
Fax: 0866214943

Email: [ingodwetrust.swart@gmail.com](mailto:ingodwetrust.swart@gmail.com)  
[www.anchorofhope.co.za](http://www.anchorofhope.co.za)

## DEBIT ORDER INSTRUCTION

FROM: (NAME OF DEBTOR) \_\_\_\_\_ DATE: \_\_\_\_\_  
(ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

Dear Sir,

The details of my/our bank account are as follows:

NAME OF ACCOUNTHOLDER: \_\_\_\_\_ DATE OF DEBIT ORDER \_\_\_\_\_

BANK: \_\_\_\_\_ BRANCH NAME AND TOWN: \_\_\_\_\_ AMOUNT \_\_\_\_\_

ACCOUNT NUMBER									

BRANCH NUMBER									

TYPE OF ACCOUNT		
CHEQUE	SAVINGS	TRANSMISSION

I/We hereby authorize you 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 payment of the monthly/quarterly/annual commitment due in respect of the installment/premium as agreed. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us as personally.

I/We understand that the withdrawals hereby authorized will be processed by computer through a system known as the Bankserv Magnetic Tape Service and I also understand that details of each withdrawal will be printed on my bank statement of on an accompanying voucher.

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

This authority may be cancelled by me/us by giving you thirty days notice in writing, sent by prepaid registration post, but I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while the authority was in force if such amounts were legally owing to you.

Assignment:

I/We acknowledge that Anchor of Hope Ministries hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of it's rights to any third party without my/our prior written consent and that I/we may not delegate any or my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party.

Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be).

Signed \_\_\_\_\_ on this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

ASSISTED BY

(where legally necessary)

\_\_\_\_\_

CAPACITY

