



**RAYS OF HOPE BANK DEBIT ORDER
INSTRUCTION / CREDIT CARD AUTHORITY**

CONTACT DETAILS

Name of Company: _____ (if applicable)
First and Last Name: _____ (of individual or company contact person)
Postal Address: _____
Mobile: _____ Work No: _____ Home No: _____
E-mail Address: _____
I would like to subscribe to your quarterly newsletter: Yes No

DEBIT ORDER DETAILS

Payment Date: 26th of every month 1st of every month 15th of every month
I hereby authorise Rays of Hope to draw against my/our account as nominated below the amount of:
R250 R500 R1000 or R_____ (specify amount) on the _____ day
of each and every month commencing on _____ day of _____ (month) of _____ (year).
This donation is in support of _____ (name of project or cause)
I/we would like an annual tax certificate to be issued for my/our donation Yes No
Please debit my Bank Account Credit Card

BANK DETAILS

Bank: _____
Branch Name: _____
Branch Code: _____
Account Name: _____
Account No: _____
Account Type: _____ (savings, current/cheque, transmission)

CREDIT CARD DETAILS

Cardholder Name: _____
Card No: _____
Expiry Date: _____
CVV no: _____ (3 digit no. at the back)
Card Type: VISA Mastercard

This signed Authority and Mandate authorises you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 working days. In the event that the payment falls on a Saturday, Sunday, or registered public holiday, the payment date will automatically be the next business day. MANDATE: I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally. CANCELLATION: I / We agree that although this debit order may be cancelled by me. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force.

Signed _____ at _____ on this date _____ (day/month/year)
SIGNATURE AS USED FOR SIGNING CHEQUES OR CREDIT CARD VOUCHERS