



Al-Fidaa Foundation

Caring for Communities

NPO 070-651 / PBO 930033966

Website: www.alfidaa.co.za E-Mail: alfidaa@telkomsa.net

P.O.Box 10389, Linton Grange, Port Elizabeth, 6015

Telephone: 041 484 1288 Fax: 041 484 1214

Name: _____

Identity No: _____

Address: _____

Telephone(H) _____ Telephone(W) _____

Cell: _____ Email: _____

Bank: _____

Account Name: _____

Account No: _____

Branch: _____ Branch code: _____

Type of Account: _____

I/We hereby request, 'instruct' and authorize Al Fidaa Foundation to draw with the above mentioned bank (or any other bank to which I /We may transfer our account) the sum of R _____

and the amount in words _____ the amount necessary for payment of the monthly debit order due in respect of this agreement in the _____ of each and every month commencing on _____ (date in full) and continuing (as the case maybe). 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 understand that the withdrawals hereby authorized will be processed by computer through a system provided by the south African banks, and I also understand that the details of each withdrawal will be printed on my bank statement or and 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 30 (thirty) days' notice in writing, sent by registered post, I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force. Receipt of this instruction by you shall be regarded as receipt thereof by my/our bank (whichever it is or will be)

Assignment

I/We acknowledge that the party hereby authorized to effect the drawings/s against my/our account may not be ceded or assigned any of its rights to a third party without my/our prior consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed at _____ on this _____ day of _____

Signature _____

(As used for signing cheques etc.) Note copy of id document is required

