

## **DEBIT ORDER INSTRUCTION**

## There is Hope Ministries C.C. (Pieter & Magdaleen Brits)

 Address:
 155 Fifth Avenue, Kleinmond, 7195, SA
 Fax: 086 535 2227

 Email:
 pieter@hope365.co.za
 Cell: +27 (0) 824696724 / 0724503134

ADDRESS:  NAME OF ACCOUNT HOLDER:  BANK:							
ACCOUNT NO:							
BRANCH NO:							
TOWN & BRANCH:							
TYPE OF ACCOUNT:							
I/We request and authorize you branch to which I/we may trans	-	•	above r	mentioned bank/building so	ociety (or a	ny other	bank o
R	Amount in Wor	rds					-
On the firs	t day of each Mor	nth, starting from:		/20			
And all such withdrawals from pers	•			be treated as though they se this amount annually by		signed by	me/us
R	or	<u>%</u> or		As yearly discussed:	Yes	No	
- ·	and I also understa	and that details of each v	vithdraw	uter through a system know al will be printed on my ba elating to this debit order in	nk stateme		
	'There is Ho	ope Ministries', PO Box	854, K				
Receipt of this	instruction by you	shall be regarded as red	eipt by i	my/our bank (whichever it	s or will be	)	
assign any of it's rights to any	third party without	my/our prior written con	sent and	e drawing(s) against my/ou I that I/we may not delegat rritten consent of the autho	e any of m	y/our obli	
		on this		day of		20	
Signed at							