

Should you wish to contribute to FaithCares on a monthly basis, a simple easy way to do this is by debit order.

Simply fill in the form below and fax or post it back to us



**Please complete this form
and mail or fax it back to us**

Faith Cares
P/Bag X9027 | East London
5200 | South Africa

Tel: +27 (0)43 711 4800

0861 RIVERS (748377)

Fax: +27 (0)43 711 4915

admin@myfaithcares.com

NAME & SURNAME:

ADDRESS:

.....

TELEPHONE: EMAIL:

ACCOUNT HOLDER'S NAME:

BANK/BUILDING SOCIETY: BRANCH:

ACCOUNT TYPE: SAVINGS CHEQUE/CURRENT TRANSMISSION

ACCOUNT NUMBER: BRANCH CODE:

*I hereby authorise **Faith Cares** to draw against my account with the above mentioned bank (or another bank to which I may transfer my account) the sum of R.....
(in words)
On the first of each month. These withdrawals will continue on a monthly basis comencing on*

*All such withdrawals from my account shall be treated as though they had been signed by me personally. I agree to pay a penalty of R30.00 should this debit order not be honoured on the agreed date, and any other bank charges relating to this debit order instruction. This authority may be cancelled by me by giving **Faith Cares** 30 days notice in writing, but understand that I will not be entitled to any refund of amounts withdrawn while this authority was in force. Receipt of this instruction by you shall be regarded as receipt thereof by my bank*

Date:Signature (of account holder)