Tygerberg 104 FM

Ons leef Christus.

DEBIT ORDER FORM

To: **P.O. BOX 4321, TYGER VALLEY 7536**

Date ..... 20 .....

Name & Surname ..... ID Number .....

E-mail ..... Tel No ..... Cell .....

Street Address ..... Code .....

Postal Address ..... Code .....

Employer ..... Occupation .....

Dear Sirs

The details of my bank account are as follows:

BANK: ..... BRANCH: .....

ACCOUNT NO: | | | | | | | | | | | | BRANCH CODE: | | | — | | | — | | |

TYPE OF ACCOUNT: *(Mark with a X where applicable)* CURRENT (CHEQUE) ☐ SAVINGS ☐

I wish to make a monthly contribution towards Tygerberg 104FM. I therefore request and authorise you to debit my account at the above bank (or other bank or branch to which I may transfer my account) with

R [.....] (amount in words).

This sum must be deducted from my account on the ..... day of every month.

The first deduction is to take place on ..... 20 .....

I understand that the deductions hereby authorised will be processed by means of a system known as Sanlam Multi Data Services, and I understand that the details of each deduction will be reflected on my bank statement and on an accompanying printed slip, with reference MULTID FOR 104FM with my unique number. I also understand that I have to quote this reference in my communication with Tygerberg 104FM.

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

This authorisation may be cancelled by me by giving you thirty days written notice. I understand, however, that I am not entitled to a refund of amounts deducted by you while this authorisation is valid.

The receipt of this instruction by you is considered tantamount to my bank acknowledging receipt thereof.

ADDISIONAL INFORMATION (SPOUSE)

NAME	
SURNAME	
CONTACT NO	
BIRTH DATE	
WEDDING ANNIVERSARY DATE	

SIGNED AT ..... ON THIS ..... DAY OF ..... 20 .....

KINDLY RETURN COMPLETED FORM TO:

P.O. BOX 4321, TYGERVALLEY, 7536

0861 104 104 021 911 3810

geloof@104fm.co.za

SIGNATURE OF ACCOUNT HOLDER

FOR OFFICE USE

MDATA / CRM Captured:

REFERENCE NO:

dcprinters.co.za