

EKERK VERENEGING
DEBIT ORDER AUTHORISATION



I, the undersigned, request Ekerk Vereniging to arrange with my bank and multi-data to withdraw the amount as authorised here from my account.

Account holder name: _____

ID number: _____

Postal address: _____

Residential address: _____

Code: _____

Code: _____

Email (in print please): _____

BANK PARAMETERS

Name of bank: _____

Name of branck: _____

Bank account number: _____

Branch code: _____

Tick account type:

CHEQUE	CREDIT	SAVINGS	TRANS-MISSION
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The debit will be monthly on the 1st of each month:

R

DATE OF FIRST COLLECTION

Signature: _____

Date: _____

Voltooi, teken en stuur die vorm asb. na info@ekerk.org. Dankie vir jou ondersteuning.