

Debit Order Instruction Monthly Donation Form



I/We the undersigned wish to support the West Coast Community Foundation and become a Friend of the Foundation and hereby agree to donate the within mentioned amount to the West Coast Community Foundation and authorize the West Coast Community Foundation to apply the donation in accordance with their Constitution as the WCCF in its sole discretion may determine.

Title:.....

Name:.....

Identity number:.....

Address:.....

.....

Telephonic contact details:

Email:.....

Date:.....

The details of my/our bank account are as follows:

ACCOUNT NAME:.....

BANK:.....

BRANCH NAME AND TOWN:.....

BRANCH NUMBER:.....

ACCOUNT NUMBER:.....

ACCOUNT TYPE:.....

TYPE OF ACCOUNT: CURRENT/CHEQUE/SAVINGS/TRANSMISSION/ CREDIT CARD (delete whether not applicable)

I/We hereby instruct and authorize the West Coast Community Foundation you to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of R..... (and amount in words), the amount necessary for payment of the monthly donation by me/us on 15th / 25th / 31st day of each month* day of each and every month commencing on, and continuing until cancelled my me/us in writing. 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 through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an 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 the West Coast Community Foundation 30 (thirty) day's notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of the donation which the West Coast Community Foundation have withdrawn while this authority was in force.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 drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written 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.

NOTE: (Current Account only). The User may add to the above minimum requirements.

Signed at.....on this.....day of.....

.....
Signature as used for signing cheques

.....
ASSISTED BY
(Where legally necessary)

.....
CAPACITY