

## DEBIT ORDER AUTHORISATION

I hereby request Down Syndrome Association Western Cape to arrange with my bank and Multi- Data to withdraw the amount as authorised from my account for a minimum of 12 months from the first date of collection. The Down Syndrome Association Western Cape may use this donation in any of their projects as long as it is in the best interest of people with Down syndrome or similar intellectual disabilities.

### PERSONAL INFORMATION:

Full name and surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Address: \_\_\_\_\_

Cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

### BANKING DETAILS:

Name of bank: \_\_\_\_\_ Branch name: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Branch number: \_\_\_\_\_

Amount per month: ☐ R50 ☐ R100 ☐ R150 or R \_\_\_\_\_

Type of account: ☐ Cheque ☐ Savings ☐ Credit Card

I acknowledge that the party hereby authorized to effect the drawings for 12 months against my account may not cede or assign any of its rights to any third party without my prior written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. I agree that this contract is for a minimum of 12 months and should I wish to terminate this agreement I will give 30 days written notice.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date

**For office use only**

REFERENCE NUMBER: \_\_\_\_\_

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