

EKERK VERENIGING

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.

Bank account in the name of:

ID No.:

Postal Address:

Residential Address:

Code:

Code:

Telephone Numbers:

Contact number:

Alternative contact number:

Email (please print):

BANK PARAMETERS

Name of Bank:

Name of Branch:

Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--

Branch Code:

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Tick Type of Account:

Cheque
 Credit Card

Savings
 Transmission

The debit will be monthly on the
1st of each month

Date of first collection

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Signature: _____

Date: _____