



## SAAWE Debit Order

Title	Name
Surname	
Address	
Postal Code	
Cell	Tel (H)
E-mail	

**Bank details of contributor:**

Bank:

Branch Name and Code:

Account Name and Number

Account Type


I request and authorise you to debit my bank account every month at the abovementioned bank or any other bank or branch where I may transfer the account with the amount of R\_\_\_\_\_

(Amount in words \_\_\_\_\_)

on the first day of the month starting from: \_\_\_\_\_ (month and year).

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_