

Authorisation for automatic deduction of monthly debit order

Details			
Name and surname			
Email		Mobile no.	
Postal address			
Postal code			
Street address			
Suburb			
City / Town			

Debit order details			
Is this a new debit order or change to an existing one?	New		Existing
Bank		Account no.	
Branch		Branch no.	
Type of account (Cheque, Savings, etc.)		Account holder	

Authorisation statement

I, the undersigned, authorise Coram Deo NPC to debit my account on the _____ day of each month starting effectively from the month of _____, with the amount specified. This amount is to the benefit of Coram Deo Pastoral Centre.

Amount:		Duration in months or end date and year*	
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* Contributors are welcome to indicate a duration in months or end date. Most debit orders run without duration specified since a debicheck can be cancelled at any time by either party.

Terms

I understand and accept the following terms that pertain to this authorisation:

1. I will give notice of 30 days upon wanting to cancel this authorisation.
2. That Coram Deo reserves the right to also cancel this authorisation through written notice.
3. That payment from this authorisation is accepted by Coram Deo without prejudice of rights.
4. That deductions made in accordance with this authorisation will be seen as if signed by me personally.

Date	Signature

Thank you for doing 'hope' with us!