

HOME OF HOPE MONTHLY DEBIT ORDER FORM



Personal Details

Name/Company: _____
ID/Reg No.: _____
Contact No: _____
Email: _____
Contact No: _____ (Cell)
_____ (Landline)
Postal Address: _____ Code: _____

Debit Order Instruction:

Bank: _____ Branch: _____ Code: _____
Acc Name: _____ Acc Nr: _____
Acc Type: _____ Amount to be debited: R100 / R200 / Own Amount: R _____

Debit to go off on: 1st 15th 30th of every month (please circle your choice)

I/we hereby request and authorize you to draw against my/our account from the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of (in words) _____ on the _____ of every month as indicated above. All such withdrawals from my/our account by you shall be treated as though they have been signed by me/ us personally. I/we, the undersigned, "instruct" and authorize your agent Netcash (Pty) Ltd to draw against my/our account. I/we understand that if bank details have been supplied, the withdrawals authorized here will be processed by Bank Serv. I/we also understand that details of each withdrawal will be printed on my/our statement. I/we agree to pay any banking charges relating to this debit order instruction. This authority may be cancelled by giving you 30 days' notice in writing, sent by email to finance@homeofhope.co.za It is understood that I/we are not entitled to any refund of amounts which were withdrawn whilst this authority was in force, as these amounts were legally owed to you.

Assignment:

I/we acknowledge that the party hereby authorized to affect the drawing(s) against my/our account may not cede or assign any of its rights 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.

Print Name Signature
Signed at _____ on the _____ day of _____ 20____

Please email the above completed and signed mandate to fundraisingsupport@homeofhope.co.za
You will be notified once your debit order has been actioned.

Home of Hope is a registered PBO authorised to issue Section 18A certificates to donors which can then be submitted to SARS with your yearly tax return for refund purposes.

Please indicate whether you wish to receive a Section 18A certificate at the end of each financial year
Yes No (please circle).

Please provide the following information for the issuing of the Section 18A certificate

Private/ Individual Donor

Name and Surname of Donor: _____
ID Number: _____
Physical Address: _____
Contact Number: _____

Company

Name of Company: _____
Company Registration Number: _____
Physical Address: _____
Contact Person: _____
Contact Number: _____

Should the above information change please notify us on fundraisingsupport@homeofhope.co.za

Print Name

Signature

Date