



DEBIT ORDER INSTRUCTION

Non Profit Organisation Registration 086-477

INSTRUCTION DATE _____

Send completed document per **fax to:** 086 618 6320 or **scan and e-mail to:** accounts@stophungernowsa.org

FULL NAME OF ACCOUNT HOLDER: _____

PHYSICAL ADDRESS: _____

E-MAIL ADDRESS: _____

CONTACT NUMBER: _____

I/We hereby "instruct and" authorise you to draw against my/our account with the mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount indicated on this instruction on the __ 1st or __ 20th day (please select)

of each and every month commencing on _____ and continuing until termination of our agreement or until cancelled by me/us in writing, by giving you thirty days' notice, sent by prepaid registered post.

PLEASE DEBIT MY ACCOUNT MONTHLY WITH A DONATION IN THE AMOUNT OF:

R90 R150 R300 or R_____ (another amount)

(Please indicate by marking your option X)

OR

AMOUNT _____ (Please indicate amount) as a **once off lump sum donation.**

I/we authorize Stop Hunger Now Southern Africa to escalate my donation amount by 10% per annum: Yes_ No_

BANK DETAIL:

NAME OF BANK: _____

BRANCH NAME: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: CURRENT/CHEQUE SAVINGS TRANSMISSION

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally. I/We agree to pay any bank charges relating to this debit order instruction. I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent 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.

Signed at _____ on this _____ day of _____ 20_____

Signature as used for signing cheques

Assisted by (only where legally necessary)

(Capacity: e.g. donor, guardian, parent, benefactor)

STOP HUNGER NOW SOUTHERN AFRICA NPC

An Association Incorporated under 21 Company 2010/013659/08 / PBO Reg. No. 086-447 / Office: 011 872 2498 / Fax: 086 618 6320 / Email: info@stophungernowsa.org

Physical Address: 2 Pryce Rosser Road, Prolecon, City Deep/ Postal Address: Postnet Suite 014, Private Bag 1037, Germiston 1400

Directors: N Martin, DJ Bolt, S Khan, S Ras, J Weiner, DA Renquist (USA), R W Brooks (USA)

WWW.STOPHUNGERNOWSA.ORG