

## Association for Adults with Disabilities

15 Glen Albyn Street, Raceview, Alberton, 1450
PO Box 146137, Bracken Gardens, 1452 • Tel/fax: 011 869 3415
Email: brokenwings@absamail.co.za • www.brokenwings.za.net

## DEBIT ORDER INSTRUCTION

To Broken Wings Association for Adults with Disabilities,

I/We hereby request, instruunder-mentioned bank (or any									
R									
(numerals)									
on the / last working day of	of each month, com	mencing on the	e day	/ of					
20 This instruction is to re	emain in force until o	cancelled by me	e in writing.						
PERSONAL DETAILS:									
Full name:									
Company Name: (If providing the									
ID No:					]				
Date of Birth (Y/M/D)									
Telephone (w):		Telephone (h)	:						
Cell:		_ Fax:	Fax:						
Email:									
Physical Address:									
Postal Address:									
REFERENCE: BROKEN WING	S								
ACCOUNT DETAILS:									
A) Cheque, Savings or Transmiss	sion account								
Name of Account Holder:									
Name of Bank:									

Branch Code: _														
Account Type:	:	Cur	rent		S	Savings			Transn	nission				
Account numb	er:				1	1			1		Ι		Ι	Γ
B) Credit Card	Accou	unt												
Name of Accou	unt Ho	older: _												
Card number:			ı			1	1	1	1	1	ı	1	ı	ı
Card type:	V	isa	M	laster (	Card		Diners (	cards		Other_				
Card Expiry da	Card Expiry date: Security code:													
Signature:														
3														
Date:														
Date:														
FOR OFFICE US	SE:													
Debit order for	rm rec	eived k	oy (Prir	nt nam	e):									
Date of detail	submi	ssion t	o bank	:					_					
Detail submiss	ion by	<b>'</b> :												
Print name: Signat							gnature	e:						
OUR BANKING	G DET	AILS:												
ADCA Donle Alla														

ABSA Bank Alberton Branch code: 631142 Acount No: 405 1522 865

Cheque Account