

Authority for LITTLE EDEN Society to deduct funds directly from my account
Telephone 011 609 7246 - P O Box 121, Edenvale 1610



Office use only: donor code:

LC22

Donor Details

Full Name (Mr/Mrs/Ms)

Postal Address

Physical Address

Tel (H) () (W) ()

Cell E-mail Address

Authority is hereby granted to LITTLE EDEN Society to make a withdrawal from my account as detailed below
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 authorised party. Thank you for your co-operation.

An amount of R_____ on the first day of _____ 20..... and each month thereafter, until cancelled by me.

Debit Order:

Type of account Current Savings Transmission
Bank Name

Branch Name

Account No. Branch Code

Name of Account Holder

Date Signature

Send attached debit order form to
ccserv@littleeden.org.za
For more information contact Elvira at same email