

St David's Marist Foundation

(Registration number I.T. 4826/06)

DEBIT ORDER INSTRUCTION

NAME:				(Please print)
ADDRESS:				
TEL: (H)		(B)		
(CELL)		(EMAIL)		
ST DAVID'S MARIST FO PO BOX 55026 NORTHLANDS 2116	DUNDATION			
I/We elect to make a donation	on to the St David's Marist Found	ation to the following fund:		
I. Please deduct a month	ly amount of R	from my bank	account on the I st day of every month:	
From:	(month/year)	То:	(month/year)	
	OR			
2. Please deduct an annu	al amount of R	from my bank a	ccount starting:	
From:	(month/year)	То:	(month/year)	
3. Please increase my del	oit order amount by	(%) each year on the	anniversary of my debit order commer	ncement date
I/we may transfer my/our ac	count) the amount necessary for	payment of the relevant i	n the below mentioned bank (or any other bar nstalment due in respect of my/our donatior ank account by you shall be treated as though	according to my/our
	•	•	er through a system known as the ACB Magr ment or on any accompanying voucher.	netic Tape Service and
I/We agree to pay any bank o	charges relating to this debit orde	r instruction.		
, ,	, , , , ,	,	by prepaid registered post, but I/we understain force if such amounts were legally owing to	
Receipt of this instruction by	you shall be regarded as receipt	thereof by my/our bank (w	nichever it is or will be).	
The details of my/our bank a	ccount are as follows:-			
BANK:		BRANCH NAN	1E & TOWN:	
BRANCH NUMBER:				
ACCOUNT NUMBER:				

Signed at	on this date		
SIGNATURE		KINDLY PRINT YOUR NAME	