



Rondevlei Learning Centre

A Centre of Discovery

A Project of the Wendy Immelman Charitable Trust
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Debit Order Instruction Form:

First name: _____ Surname: _____

Email: _____ Telephone Number _____

Address: _____

The details of my/our bank account are as follows:

Bank: _____ Branch Name _____ Branch Code _____

Account No _____ Account Name _____

Type of Account: Current cheque Savings Transmission (Tick)

I hereby request ,” instruct “ and authorise **Three Peaks** on behalf of ACTS, to draw against my account with the above mentioned bank(or any other bank or branch to which I may transfer my account) the amount specified below on a monthly basis . An amount of R _____ is to be deducted from the above mentioned account on the 1st / 15th (circle choice) of each and every month commencing on _____. All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally. I agree to pay any penalty bank charges relating to this debit order instruction. This authority may be cancelled by me at any time by giving thirty days’ notice in writing / e-mail to the manager. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Signed _____ on this day & month _____ of 20____ signatures as used for signing
cheques