



## DEBIT ORDER APPLICATION FORM

To make a donation and to become a Badisa Champion, please complete the form below and email it to [bemarking@badisa.org.za](mailto:bemarking@badisa.org.za)

### PAYMENT INSTRUCTION

AMOUNT:  R50  R100  R250  OTHER (Please Specify):

**THIS DEBIT ORDER WILL BE DEDUCTED ON THE 1ST OF EVERY MONTH.**

YEARLY INCREASE:  NO  YES **IF YES PLEASE INDICATE THE % OF YEARLY INCREASE**  %

### DETAILS OF ACCOUNT HOLDER

FULL NAME & SURNAME:  TITLE:

ID NO.:  LANGUAGE:  AFR  ENG  XHO

PASSPORT NO.:  COUNTRY ISSUED:

PHYSICAL ADDRESS:  POSTAL CODE:

POSTAL ADDRESS:  POSTAL CODE:

POSTAL ADDRESS:  POSTAL CODE:

POSTAL ADDRESS:  POSTAL CODE:

TEL NO. (H):

TEL NO. (W):

CELL NO.:

EMAIL:

### BANKING DETAILS

NAME OF BANK:

BRANCH:

BRANCH CODE:

ACCOUNT NO.:

ACCOUNT TYPE:  CHEQUE  SAVINGS  CURRENT

### DEDUCTIONS

Date of first deduction  and thereafter on the first of every month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday); I agree that the payment instruction may be debited against my account on the following business day.

### DECLARATION

I, the undersigned, request Badisa to arrange with my bank to collect by means of the debit order system, the payments in terms of the stipulations of the contract of the above-mentioned against my account.

I understand the ref no. on the bank statement will start with "BADISA", as created at Absa Business Integrator.

I want a Section 18(A) Certificate.

I want to be a Badisa Champion - an ambassador for Change



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SIGNATURE OF ACCOUNT HOLDER

DATE