



THE EXECUTIVE WELFARE COUNCIL OF THE AFM OF SA (AFM WELFARE)

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• NPO Reg. No: 000-762 • PBO No. 18/11/13/1456 (SARS E-Filing: 130001456)

DEBIT ORDER AUTHORISATION FORM

I, Prof/Dr/Mr/Mrs/Miss _____ (Full Names)

I.D. No: _____

Residential Address: _____

Postal Address: _____ Postal Code: _____

Tel. No. (____) _____ (Home) (____) _____ (Work) _____ (Cell)

Email Address: _____

Hereby instruct and authorise The Executive Welfare Council of the AFM of SA to debit my bank account on the 15th 25th 30th of every month (choose date), for the amount of:

R50 R100 R150 OR Own amount R_____ (choose amount).

All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and that the details of each withdrawal will be reflect on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by 30 days notice to The Executive Welfare Council of the AFM of SA to do so. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

BANK DETAILS

Account Holder _____ (Full Names)

Name of Bank _____

Branch Name _____ Branch Code _____

Account Type (tick one) CHEQUE SAVINGS CREDIT CARD

Account Number _____

Signed at _____ (Town/City) Date: _____

Signature

FOR ENQUIRIES EMAIL: seneshri@afmwelfare.org.za OR 012 753 7940 (Seneshri Williams)