Together we make a difference.

BADISA TYGERBERG
Maatskaplike Dienste
Social Services

DEBIT ORDER APPLICATION

To make a donation and become a Badisa Champion, please complete the form and email to marketing@badisatygerberg.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: _____

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

Badisa CHAMPIONS

_____

SIGNATURE OF ACCOUNT HOLDER DATE _____