



DIRECT DEBIT FORM

Thank you for your support in making a regular donation to Agang SA.
Please complete the form below and return to: donate@agangsa.org.za / FAX: 011 718 5042
Postal address: Agang SA, PO Box 31817, Braamfontein 2017

I/we hereby request, instruct and authorize you to draw against my/our account with the bank below (or affiliated banks and branches to which my account is linked) the sum of:

Total Deposit (Amount in numbers) _____ (Amount in words)

on the ____ / last working day of each month, starting on the ____ day of _____ 20__

This instruction is to remain in force until cancelled by me in writing.

Personal Details:

Surname First name
ID Number
Cell number Email
Date of birth Province
Postal address Post code
Street address
Signature
Payment Ref. (Last name / cell phone)

Account Details:

A) Account: Cheque Savings Transmission

Name of Account Holder
Name of Bank
Account Number
Branch Code

B) Credit card account

Name of Account Holder
Card type: Visa Mastercard Diner's Club Other
Account Number
Date of Expiry Security code (if applicable)

OFFICE USE ONLY
Agang Reference Number: