



Badisa Trio
caring in action

rebuilding hope, one child at a time.

DEBIT ORDER APPLICATION

To become a monthly donator, please complete the form below and email to info@badisatrio.co.za

PAYMENT INSTRUCTION

AMOUNT: R50 R100 R200 OTHER (Please Specify):

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

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

DETAILS OF ACCOUNT HOLDER

FULL NAME: TITLE:

ID No.: LANGUAGE: AFR ENG

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 TRANSMISSION 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 Trio 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 "MULTID FOR", as created at Sanlam Multi Data.
- I want an ART 18(A) receipt.

SIGNATURE OF ACCOUNT HOLDER

DATE

