



CHRISTIAN LITERATURE FUND
CHRISTELIKE LEKTUURFONDS

Christelike Lekturfonds / Christian Literature Fund
Privaatsak/Private Bag 19 • Wellington • 7654 • ☎021 873 6964 • 📠021 864 3677
✉info@clf.co.za • www.clf.co.za
Fax to email 086 665 0339

AUTHORISATION FOR DEBIT ORDER

Please complete this form if you:

- Want to give a donation via debit order, or
- If you are already donating via debit order and want to adjust the amount.

Account Holder _____
ID Number _____
Address _____
Contact Number _____
Email Address _____
Bank _____
Branch Code _____
Account Number/Credit Card Number _____
Type of Account _____ Current (cheque) / Savings / Transmission/ Credit Card
Amount _____
Date of Deduction _____ (either the 3rd, 10th, 20th or 28th of the month)
Abbreviated Name as Registered with the Bank: CHRISLFUND

This signed Authority and Mandate refers to our contract dated ("the Agreement").
I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly, bi-monthly, six monthly, annually, weekly, bi-weekly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____

I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____

(Signature as used for operating on the account)



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(Assisted by)

Agreement reference number is _____