

HUSKY HEAVEN RESCUE



CONTACT DETAILS:

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ADDRESS:

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Laezonia

Centurion

DEBIT ORDER AUTHORISATION FORM

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PERSONAL INFORMATION

Title:

Full Names :

Phone:

Fax:

E-mail:

Residential/Company address:

City:

Province:

Postal Code:

TAX Registration:

Company Registration:

Identity Number:

BANKING AND ACCOUNT INFORMATION

Type of account:

Account number:

Branch :

Bank Name :

Debit Date:

Account Holder:

Frequency:

AGREEMENT

Hereby instruct and authorize Husky Heaven Rescue to debit my bank account every month on the 1st/26th/30th (Delete NOT applicable) of the month, for the amount R_____. All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorized will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorization/instruction by notifying Husky Heaven Rescue, giving thirty days' notice in writing, per registered post. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorization was in force.

SIGNATURES

Signature:

PRINT NAME:

DATE :