



## THE EVERYBODY LOVES EVERYBODY TRUST

Reg#: IT021941/2014(6)

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### DEBIT ORDER AUTHORISATION FORM

I Prof/Dr/Mr/Mrs/Miss \_\_\_\_\_ (Full Names) I.D. No \_\_\_\_\_

Residential Address \_\_\_\_\_ (No. & Street ) Postal Address \_\_\_\_\_

\_\_\_\_\_ ( Suburb )

\_\_\_\_\_ ( Suburb )

\_\_\_\_\_ ( City )

\_\_\_\_\_ ( City )

\_\_\_\_\_ ( Postal Code )

\_\_\_\_\_ ( Postal code )

Tel. No(\_\_\_\_) \_\_\_\_\_ ( Home ) (\_\_\_\_) \_\_\_\_\_ (Work ) (\_\_\_\_) \_\_\_\_\_ ( Cell )

Hereby instruct and authorise ELE to debit my bank account every month for the amount of

R \_\_\_\_\_.

All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised 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 authorisation/instruction by notifying ELE, giving thirty days notice in writing, however, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.

### **BANK DETAILS**

Account Holder \_\_\_\_\_ ( Full Names )

Name of Bank \_\_\_\_\_

Branch Name \_\_\_\_\_ Branch Code \_\_\_\_\_

Account Number \_\_\_\_\_ Account type( e.g cheque/savings ) \_\_\_\_\_

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Signature:**