



umduduzi

Hospice Care for Children

Dear Sirs/Madam

The details of my/our bank account are as follows:

Account Holder

ID Number (individual account)

OR

Full Company Name

Company Registration Number

Bank

Branch Name and Town

Branch Number(6digits)

Account Number

Type of Account Current (cheque) / Savings / Transmission (delete where not applicable)

I/We hereby request, "instruct" and authorise **THREE PEAKS** to draw against my/our account with the above mentioned bank (or any other bank or branch to which I/we may transfer my/our account) the amount necessary for the monthly payment due in respect of the above mentioned agreement on a specific day of each and every month commencing on for the amount of..... All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We agree to pay **any penalty bank charges** relating to this debit order instruction.

This authority may be cancelled by me/us by giving thirty days notice in writing, after a period of months / year which can be sent by prepaid registered post, but I/we understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

Signedon this.....day of.....

.....
Signature as used for signing cheques

Contact Number:

Email address:

Note:
Three Peaks is a recognized financial institution that is working with Umduduzi to assist with the management and collection of debit orders.