



Lot 160 Kragga Kamma Road  
Theescombe  
Port Elizabeth

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Port Elizabeth, 6055

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## DEBIT ORDER INSTRUCTION

**DONOR'S NAME:** \_\_\_\_\_

ACCOUNT HOLDER \_\_\_\_\_

BANK \_\_\_\_\_

BRANCH NAME AND TOWN \_\_\_\_\_

BRANCH NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT \_\_\_\_\_

- I hereby request, instruct and authorize you to draw against my account with the abovementioned bank, in the amount of \_\_\_\_\_ monthly on the first working day of the month.
- All such withdrawals from my bank account by you shall be treated as though they had been signed by me personally.
- I understand that the withdrawals hereby authorized will be processed by computer through a system known as Electronic Funds Transfer and I understand that details of each withdrawal will be printed on my bank statement.
- This authority may be cancelled by me, but I understand that I shall not be entitled to any refund of amounts which have been withdrawn while this authority is in force.
- Receipt of this instruction by you shall be regarded as receipt thereof by our bank.

### **KHAYALETHU YOUTH CENTRE'S BANKING DETAILS:**

<u>Name of Account:</u>	ACVV Port Elizabeth Sentraal KHAYALETHU YOUTH CENTRE
<u>Name of Bank:</u>	ABSA PE North End
<u>Branch Code:</u>	632005
<u>Account Number:</u>	164 015 63 64
<u>SWIFT Code:</u>	ABSA ZA JJ (use spaces)

