Go in Faith Ministries
PO Box 83
Klawer, 8145
(T) 027 - 216 1018 /082 959 0950
E-mail: info@goinfaith.be

Agreement and Debit Order Authorisation

Donor Number: | Date Received: | Date Processed:

ONLY FILL IN WHITE BLOCKS

I WANT TO SPONSOR THE GO IN FAITH MINISTRY OF

WITH

Amount in Figures

Amount in words:

I WANT TO GIVE THIS AMOUNT…

Monthly (1) Quarterly (3) ½ Yearly (6) Annually (0)

MY ACCOUNT MUST BE DEBITTED WITH THIS AMOUNT ON:

Date of debit:YY/MM/DD eg 931201

MY BANKING DETAIL IS AS FOLLOWS:

Name of Bank (eg STANDARD, FNB, TRUST etc)

Name of Branch and City/Town

Branch Code ***PLEASE COMPLETE IF A CREDITCARD*** CCV NUMBER EXPIRE DATE

Account Number

Type of Account:

Current (1) Savings (2) Transmission (3) Credit card etc (7)

Account Name

Individual's ID number

MY ADDRESS IS AS FOLLOWS:

Titel

Name and Surname:

My Postal Address is:

Postal Code

Email address:

Telephone Area Code (T) Work

Cell (T) Home

I, the undersigned, authorise Child Evangelism Fellowship to arrange with my bank to withdraw these amounts, in accordance with my arrangement with Child Evangelism Fellowship, in the manner in which Child Evangelism Fellowship have arranged with my bank.

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/ we may not delegate any of my/our obligations in

Signature of Authorised Person Date

Afrikaanse Vorms is ook beskikbaar