

Debit Order Mandate

Christian Mission International



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New Debit Order or Renewal (kindly mark with X):

New

***Renewal (Annual)**

In accordance with the **Protection of Personal Information Act ("POPI Act"), Christian Mission International are subject to **ANNUAL RENEWALS** of any declaration/agreement containing personal information of an individual person/party.*

I/We, _____ (title, full name/s and surname of donor or supporter) hereby **authorise Christian Mission International (the "beneficiary")**, through **Nutun Transact (the "Collecting Party")**, to issue and deliver payment instructions to my banker for collection against my below mentioned account at my bank as long as the sum of such payment instructions will not differ from my obligations as agreed to in this agreement.

I agree that the first payment instruction will be issued and delivered on ____ / ____ / 20____ for the amount of R_____ (monthly donation amount).

If the date of the payment instruction falls on a **weekend or public holiday**, I agree that the payment instructions may be debited against my account on **the next business day**. In the event that there are insufficient funds available to honour the payment, I agree that a double debit may be processed on my account in the next month.

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of this agreement have been paid or until I recall it **within 30 days' notice in writing** by sending an email to bianca@vomsa.org.

I acknowledge that all payment instructions issued by you will be treated by my below mentioned bank as if the instructions had been issued by me personally.

I also acknowledge that this debit order mandate will be transmitted electronically to the Collecting Party and by this transmission the mandate authority is approved.

Donor Personal Details

Full Names:												
Postal Address:												
											Code:	
Cell Number:						Alternative Number:						
E-mail:												
RSA ID Number:											Preferred Language (Eng/Afr):	
Non-RSA Passport Number:								Country of Issue:				

Donor Bank Account Details

Account Type (kindly mark with X):	Current/Cheque:		Savings:		Transmission:									
Bank Name:			Account Number:											
Branch Name:			Account Holder Name:											
Branch Code:			Debit Order Amount (p/m):	R							.	0	0	
Debit Order Start Month & Year:			**Project Specification (Optional):											
Start Date (kindly mark with X):	1st		15th		20th		25th		Last day of the month					
Debit Order End Month & Year:			or Until Further Notice (kindly mark with X):											

***VOM support different projects across Persecuted Nations. The list mainly includes the following recurring projects:
Families of the Persecuted (FOP), Bibles, Medical, Front-Line Workers (FLW), Hindu World (HW), Buddhist World (BW), Muslim World (MW), Communist World (CW).*

Signed by Account Holder:

Date	Place	Signature
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Other signatures as used for operating the bank account: (If applicable)

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Please email this completed form to bianca@vomsa.org