

DEBIT ORDER MANDATE FOR Christian Mission International (CMI)

Name of Account Holder:	
Address:	
Bank Account Details:	
Bank Name	
Branch Name	
Branch Number	
Bank Account Number	
Type of Account	Current/Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>
Preferred Debit Date:	1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> Last day of month <input type="checkbox"/>
Name of Beneficiary:	Christian Mission International
Cell Number:	
Telephone Number:	

I hereby authorise you, <Christian Mission International> (the “beneficiary”), through Transaction Capital Payment Solutions (the “Collecting Party”), to issue and deliver payment instructions to my banker for collection against my abovementioned account at my abovementioned bank as long as the sum of such payment instructions will not differ from my obligations as agreed to in the agreement.

I agree that the first payment instruction will be issued and delivered on _____ for the amount of R _____ (monthly donation amount).

If the date of the payment instruction falls on weekend or public holiday, I agree that the payment instruction 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 this authority is cancelled by me by giving you notice in writing of not less than 30 days notice.

I acknowledge that all payment instructions issued by you will be treated by my abovementioned 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.

Signed at _____ (place) on _____ (dd/mm/yyyy)

Signature (s) as used for operating the bank account _____

*Please email this completed form to **bianca@vomsa.org***



Christian Mission International, P.O. Box 7157, Primrose Hill 1417. Tel: 076 022 3336 (Office Cellphone)

Office Sec. Bianca Slabber • email: bianca@vomsa.org • Executive Director: Mr A. B Illman • email: cmi@vomsa.org • Cell: 083 457 4164.