

This Agreement reference number is

Sondelani House
8 Coniston Way, Constantia
021 795 0330
office@bkmwatch.org.za
www.bkmwatch.org.za



BKM MEMBERSHIP DONATION

DEBIT ORDER INSTRUCTION/CREDIT CARD AUTHORISATION

RESIDENT DETAILS					
Full name					Title:
Residential address					
Email address					
Cell number					
Home number					
DEBIT ORDER DETAILS					
Debit order amount (tick option)	R95	R150	R200	R250.00	Own Amount R.....
Commencement month					
Name of Bank					
Name of Branch					
Account number					
Account in name of					
Type of Account (tick option)	Cheque/ Current	Savings	Credit Card (Expiry date.....MM.....YY)		
Abbreviated name which will appear on bank statement	BKM WATCH				

I hereby authorise BKM Watch to issue payment instructions to the bank for collection against my above-mentioned account at my above-mentioned bank on the first business day of each month until this Authority is terminated by me by giving BKM notice in writing of no less than 30 days.

Signed at _____ on this _____ day of _____ 20____

Signature _____

I hereby authorise BKM Watch to increase my monthly contribution to R _____ from the first business day of _____ (month) 20____ (year).

Signature _____