



DEBIT ORDER MANDATE

NAME & SURNAME		ID NUMBER	
CELLPHONE NO		TEL NO	
STREET ADDRESS		AREA CODE	
POSTAL ADDRESS		AREA CODE	
EMAIL ADDRESS		DATE	

Dear Sirs,

DEBIT ORDER AUTHORISATION:

I wish to make a monthly contribution towards **Gateway Radio 89.6**. I therefore request and authorise you to debit my account at the bank mentioned below (or other bank or branch to which I may transfer my account) with R _____ (_____) (amount in words) per month. Please deduct this about on the _____ day of every month.

The first deduction is to take place on _____ 20 _____

I also authorise you to debit my account with once off amounts from time to time as and when instructed by me per email/in writing.

The details of my bank account are as follows:

BANK NAME _____ BRANCH _____
ACCOUNT NO

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 NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE OF ACCOUNT: (mark with an X where applicable) Current (Cheque) Savings

I understand that the deductions hereby authorised will be processed by means of a system known as Sanlam Multi Data Services, and I understand that the details of each deduction will be reflected on my bank statement and on an accompanying printed slip, with the reference **MULTID for GATE** with my unique number. I also understand that I have to quote this reference in my communication with **Gateway Radio 89.6**.

I agree to pay any bank charges relating to this debit order.

This authorisation may be cancelled by me by giving you 30 (thirty) days written notice. I understand, however that I am not entitled to a refund of amounts deducted by you while this authorisation is valid. The receipt of this instruction by you is considered tantamount to my bank acknowledging receipt thereof.

SIGNATURE OF ACCOUNT HOLDER

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

OFFICE USE ONLY: MDATA	REFERENCE NUMBER
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