



# Cresset House

141 Hampton Road, Glen Austin Ext. 1, Midrand  
PO Box 74, Halfway House, Gauteng, 1685  
Tel: +27 11 314 1148, Fax: +27 11 314 2543  
Email: [admin@cresset.org.za](mailto:admin@cresset.org.za) Website: [www.cresset.org.za](http://www.cresset.org.za)

## GIFT BY DEBIT ORDER

Name of Contributor: \_\_\_\_\_

Contact person: Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Surname: \_\_\_\_\_

Telephone no: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ ID no: \_\_\_\_\_

Postal address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal code: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postal code: \_\_\_\_\_

First contribution due on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ and each month thereafter until cancelled by me in writing.

Contribution amount: R \_\_\_\_\_  
 \_\_\_\_\_  
 Amount in words

### Debit Order Details

Bank: \_\_\_\_\_

Branch name: \_\_\_\_\_

Branch number: \_\_\_\_\_

Account number: \_\_\_\_\_

Account type: \_\_\_\_\_

Name in which account is hold: \_\_\_\_\_

I / We authorize Cresset House to debit the amount of the gift specified above against my / our bank account as indicated. Cresset House is legally entitled to the amount withdrawn in terms of this authority from my / our account while this authority is in force and until I / we notify you at your address in writing of the cancellation of this authority

Signed at ..... on this ..... day of .....200.....

Signature \_\_\_\_\_ \* Second signature \_\_\_\_\_

\* A second signature is required for joint accounts or when a minor is assisted by a legal guardian.

### For office use only

Please circle the application allocation (1) New (2) Increased (3) Re-instated