

**Authority for donation by DEBIT ORDER to  
ACFS Community Education & Feeding Scheme**

Name .....

Address .....

..... Postal Code .....

Tel.(H) (.....)..... (B) (.....).....

I wish to sponsor by debit order the amount of R.....  
on the first day of ..... 2010 and each month  
thereafter, until such time as I cancel this in writing.

Account No. ....

Type of Account  Current  Transmission  Savings  
Bank .....

Branch name and address .....

City/Town .....

Branch Code .....

Date ..... Signature.....

I/We acknowledge that the party hereby authorised to effect the drawing(s) against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorised party. Thank you for your co-operation.