

Shiloh Synergy H/O: 6 Dirkie Uys Street, Protea Heights, Brackenfell, 7560  
Tel: 021-981 8241/36 fax: 021-981 8186 or 086 544 6226  
finance@shiloh.org.za / www.shiloh.org.za



### SHILOH SYNERGY DEBIT ORDER INSTRUCTION

Please print this page, complete and fax to: **0865446226** or email to **finance@shiloh.org.za**

Name:(name of debtor) ..... Title: .....

Address: .....

.....

..... Code: .....

Dear Sirs/Madam

The details of my/our account **for Back to School project - Sponsor a Child** are as follows:

Bank: ..... Branch: .....

Branch code:

Account name: .....

Account number:

Type of account:  cheque/current  savings/transmission

I/We hereby request "instruct" and authorise you to draw against my/our account with the above mentioned bank(or any other bank or branch to which I/We transfer my/our account) the sum of

R  R.....(In words)

On the .....day of each month commencing on the .....(date) and continuing monthly (as the case may be). All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorised will be processed by computer through a system known as Sage Netcash Smart Money Management System, and I also understand that the details of each withdrawal will be printed on by bank statement. I/We agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by me/us by giving you thirty days notice in writing. I/We understand that I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force. Receipt of the instruction by you shall be regarded as receipt thereof by my/our bank(whichever it is or will be).

#### ASSIGNMENT:

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 consent. 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.

Signed at .....on this ..... day  
of .....20.....

Signature as used for signing cheques/withdrawals

Signature .....

Print name: .....

Tel/Cell number .....

Email address: .....

TAX BENEFIT: NPC nr. 2004/034268/08 (NPO nr.005-048/B-BBEE reg./Art.21 Reg.Comp.)

PBO reg.18A tax exempt. Fully B-BBEE compliant

Shiloh Synergy Banking details:

Shiloh Synergy, First National Bank, Branch Willowbridge code: 250655,

Acc nr: 62264338643,

(Donations earmarked to a specific project must be specified. We need your contact details should you need a tax receipt)

Board of Directors: D. Minnaar, F.R. Ueckermann, S.J. Burger, W.A. Beeton, E.V. Galada, N. Govender