



Shiloh Synergy Debit Order Form / Sponsor A Child

DEBIT ORDER INSTRUCTION

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

I the undersigned, herewith authorise SHILOH SYNERGY to arrange with my bank for the amount to be drawn against my account in accordance with the debit order system.

I wish to support child(ren) at a Shiloh Jubilee Excellence School:

Shiloh Klipheuwel - 'Klippie Kids' Shiloh Prince Albert - 'Sonneblom Kids'
Shiloh Wallacedene - 'Khanya Kids' Shiloh Wallacedene - 'Themba Kids'

Surname	<input type="text"/>	Title	<input type="text"/>
First Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
	<input type="text"/>		

Details of my account:

Account name	<input type="text"/>	Type of acc	<input type="text"/>
Bank	<input type="text"/>	Branch code	<input type="text"/>
Branch	<input type="text"/>	Frequency	<input type="text"/>
Account number	<input type="text"/>	Amount	<input type="text"/>
		Deduction date	<input type="text"/>

Language	Afrikaans	English
Telephone	(W)	(H)
Cell phone	<input type="text"/>	
E-mail	<input type="text"/>	

I acknowledge that the party hereby is authorised to affect the drawing(s) against my account. The authorised party may not exceed or sign any of its rights to any third party without my prior written consent and I may not delegate any of my obligations in terms of this contract/authority to any party without prior written consent of the authorised party.

Signature Date

(This arrangement will remain valid until it is recalled in writing by either of the parties.)

SHILOH SYNERGY NPC

- FOOD PRODUCTION
- JUBILEE EXCELLENCE SCHOOLS
- COMMUNITY DEVELOPMENT
- EMPOWERMENT

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