



**ANIMAL WELFARE SOCIETY OF SOUTH AFRICA: STELLENBOSCH**

**REG. NO. 003-316 N.P.O**

PO BOX 90, STELLENBOSCH, 7599

TEL: 021-886 4901 / FAX: 086 545 7083 / EMAIL: [admin@awss.co.za](mailto:admin@awss.co.za)

Debit Order No	
----------------	--

**DEBIT ORDER AUTHORISATION**

I, the undersigned, request **Animal Welfare Society of South Africa: Stellenbosch** to arrange with my bank to withdraw the amount as authorised here from my account.

**Name of individual:**

Surname:

First name:  Initials:

**Name of institution:** name as registered at the bank

**Address:**

Postal Code:

Tel:  -  Cell:

**Email:**

**BANK PARTICULARS**

Name of bank:  Bank branch code:

Name of bank branch:

Bank account number:

Type of account:  cheque  transmission  savings  credit card

Frequency:  monthly  quarterly  half-yearly  yearly

Amount: R  Date of 1st collection:

d d m m y y y y

Recurring Date(monthly)   
d d

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. This debit order instruction will remain in effect until cancelled by me in writing.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date