SA PAGAN COUNCIL

HTTP://WWW.PAGANCOUNCIL.CO.ZA

SAPC DEBIT ORDER FORM

To help ensure a reliable and predictable income for The SAPC spread throughout the year, you can authorise the SAPC to draw a specific amount from your bank per month.

I, the undersigned, herewith authorise the SOUTH AFRICAN PAGAN COUNCIL to arrange with my bank for the amount to be drawn against my account in accordance with the debit order system.

1. SURNAME:……TITLE:……..……..
   FIRST NAME:……
2. ADDRESS:……
   ……..CODE:……..
3. AMOUNT:…… FREQUENCY: Monthly DEDUCTION DATE:…….
4. NAME OF BANK:……
   BRANCH:……..

   6-FIGURE BANK CODE: ☐☐☐☐☐☐☐☐
   ACCOUNT NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
   TYPE OF ACCOUNT: (please tick)
   CHEQUE ☐ SAVINGS ☐ TRANSMISSION ☐

6. TELEPHONE NUMBER: (W)….....-.....….....(H).....……..-…….

7. CELLULAR: ……

8. EMAIL:…….

9. SIGNATURE: ..... DATE.....

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

SAPC P.O. Box 14812 Nelspruit 1200. Tel: 013 755 1002 Cell: 073 016 7971 Fax: 086 688 7342 NPO # 930028379

Please fax completed form to 086 688 7342