



Please print clearly

DEBIT ORDER

Complete all fields

INITIALS _____ SURNAME: _____ TITLE: _____

FIRST NAMES: _____

SAP NO: _____ I.D. NO: _____

TEL: (H) _____ (W) _____ (FAX) _____

(CELL) _____ (E-MAIL) _____

POSTAL ADDRESS: _____

_____ POSTAL CODE: _____

EMPLOYER: _____

CENTRE: _____ JOB TITLE: _____

YOUR BANK DETAILS

ACCOUNT HOLDER:

INITIALS: _____ SURNAME: _____ NAME OF BANK: _____

ACCOUNT NUMBER: _____ BRANCH CODE: _____

NAME OF BRANCH: _____ TYPE OF ACCOUNT: _____
(e.g. Cheque, Savings, etc.)

AUTHORISED SIGNATURE

DATE

I hereby authorise UTATU SARWHU to debit my bank account with 1% of my basic salary R..... per month, with a minimum of R35.00 and a maximum of R65.00, on the last working day of each month. The said amount being for subscriptions due by myself to UTATU SARWHU as per details above. This instruction is to be implemented with effect from the last business day of 20..... . Should subscriptions increase, I duly authorise for this increase to be debited against my account. (Attach copy of last pay voucher).

I acknowledge that the party hereby authorised to effect the drawing against my account not cede or assign any of its rights to any third party without my written consent and that I may not delegate any of my obligations in terms of this contract/authority to any third party without prior consent to the authorised party.

This authorisation may be terminated by either party giving 30 (thirty) days written notice.

Non-profit Organisation – Ref: Number 036-913

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