



Bank Debit Order Instruction

Name: _____ Date: _____

Address: _____

Debit Amount: _____ Email: _____

Tel: _____ Cell: _____

Bank Account Details:

Account Name: _____ Bank: _____

Account Number: _____ Branch: _____

Account Type: _____ Branch Code: _____

I/we hereby authorize you to debit my/our account with the above mentioned banking details (or any other bank or branch that I/we may change to) the sum of _____ or any variable amount pertaining to this agreement, on the _____ working day of each month.

I/we hereby authorize your agent MyGate Communications (Pty) Ltd to debit my/our account on your behalf. This debit order agreement may be cancelled by giving thirty days written notice.

I/we hereby agree that the party hereby authorized to debit my bank account may not cede or assign any of its rights and that I/we may not cede any of our obligations in terms of this debit order instruction to any third party without prior written consent of the authorized party.

Name _____ Signature _____

**Please fax completed and signed debit order form to 088 021 462 7889
alternatively post to Family Policy Institute, PO Box 4743, Cape Town 8000.**

(Association Incorporated under Section 21) Registration 2007/029810/08
Public Benefit Organization (PBO) number - 920026959