

Adventist Frontier Missions Mission Group PO Box 347, Dundee, 3000 Tel: 034 218 2055 Fax: 034 212 1229 abladmin@abundant.co.za ABSA Cheque Advent Frontier: 860145952 Branch: Dundee Reference: AFM (Sponsors name)		Debit Order FACILITATED by: Tele Internet (Pty) Ltd Company Reg: 2001/027664/07 P.O. Box 3931, Vanderbijlpark, 1900 TEL: (016) 931 1706 FAX: (086) 654 7765
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My SPONSORSHIP Pledge

Please mark with a big X next to your choice of pledge:	Amount Pledge	X
I pledge the following monthly amount on the debit order system, provided with my banking details below.		
I pledge the following monthly amount and will pay it through EFT on a monthly basis.		
I pledge the following once off amount on the debit order system, provided with my banking details below.		
I pledge the following once off amount and will pay it through EFT.		
I give in cash the following amount.		
Any other methods off payment - _____		
AFM Banking Details to do EFT transfers: ABSA, Account no: 860145952 Branch: Dundee		

SPONSOR DETAILS

Contact Information	Name	Surname	ID No
Email Address	Students name:		
Postal Address			
Physical Address			

Business Telephone No	After Hours Phone Number	Fax Number	Cell Phone Number

DEBIT ORDER details – ONES OFF, MONTHLY or YEARLY pledge

Bank	Branch	Branch Code	Account Number	TYPE of Account (cheque, savings, transmission etc..)

I/We, the undersigned hereby instruct and authorise your agent Tele Internet (Pty) Ltd (**TELE INT**) who will be handling the Debit Order facility **on behalf of Adventist Frontier Mission** to debit my Bank Account for the initial amount as chosen above as well as for future debits on a monthly or yearly basis on the 1st working day of each month. I/we also understand that details of each withdrawal processed by BANKSERV will be printed on my/our Bank Statement and DISPLAYED as **TELE INT ABANDANT LIFE** with the amount I chose above on my Bank Statement.

All such withdrawals from my/our account by you shall be treated as though they had been signed by me/us personally. I/we agree to pay any banking charges relating to this debit order instruction.

Herewith I also agree to give **ONE MONTH's written notice (email, fax or post) in ADVANCE for CANCELLATION of my Debit Order instruction!**

Name in Print	Designation (if applicable)	Date	Signature

OFFICE USE ONLY	DO No: