

ABUNDANT LIFE Youth Mission Group PO Box 347, DUNDEE, KZN, 3000 Tel: +72 (82)332-9814 E-mail: jaco@afmsat.co.za or elize@afmsat.co.za <u>Banking details:</u> First National Bank Cheque Acc. Account Name: Abundant Life Account Number: 62395345484 Branch: Dundee, KZN (270224)		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 the value that you pledge:	Monthly Pledge	X
I pledge the following monthly amount -	R 100.00	<input type="checkbox"/>
I pledge the following monthly amount -	R 150.00	<input type="checkbox"/>
I pledge the following monthly amount -	R 200.00	<input type="checkbox"/>
I pledge the following monthly amount -	R 250.00	<input type="checkbox"/>
I pledge the following monthly amount -	R 300.00	<input type="checkbox"/>
I pledge the following monthly amount - (Please write pledge amount in allocated space)		<input type="checkbox"/>
I pledge the following YEARLY AMOUNT (please write in the amount - amount will be deducted yearly)		<input type="checkbox"/>

SPONSOR DETAILS

Contact Information	Name	Surname	ID No
Email Address	STUDENT NAME		
Postal Address			
Physical Address			

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

DEBIT ORDER details – 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 Abundant Life** 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 ABUNDANT 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:
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