

<b>ABUNDANT LIFE</b> <b>Youth Mission Group</b> 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: <b>Tele Internet (Pty) Ltd</b> 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	
I pledge the following monthly amount -	R 150.00	
I pledge the following monthly amount -	R 200.00	
I pledge the following monthly amount -	R 250.00	
I pledge the following monthly amount -	R 300.00	
I pledge the following monthly amount - (Please write pledge amount in allocated space)		
I pledge the following YEARLY AMOUNT (please write in the amount - amount will be deducted yearly)		

#### SPONSOR DETAILS

Contact Information	Name	Surname	ID No
Email Address	<b>STUDENT NAME</b>		
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 1<sup>st</sup> 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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