



BEAUTIFUL WITNESS
MINISTRIES

BEAUTIFUL WITNESS MINISTRIES

TOGETHER WE CAN BRING REVIVAL

Name & Surname _____
ID Number _____
Cell | Tel No _____ Email Address _____
Address _____
Postal Address _____ Area Code _____

DEBIT ORDER AUTHORISATION:

I wish to make a monthly contribution towards Beautiful Witness Ministries NPC. I therefore request and authorise you to debit my account at the bank mentioned below (or other bank or branch to which I may transfer my account) with R_____ (_____) (amount in words) per month. Please deduct this amount on the _____ day of every month. The first deduction is to take place on _____ 20____ I also authorise you to debit my account with once off amounts as and when instructed by me in writing.

BANKING DETAILS:

BANK NAME _____ BRANCH NAME _____

ACCOUNT NO

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 BRANCH CODE

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Type of account: Current (Cheque) Savings

I Understand that the deductions hereby authorised will be processed by means of a system known as Sanlam Multi Data services, and I understand that the details of each deduction will be reflected on my bank statement and on accompanying printed slip, with the reference MULTID FOR BWit with my unique number. I also understand that I have to quote this reference in my communication with Beautiful Witness Ministries.

I agree to pay any bank charges relating to this debit order. This authorisation may be cancelled by me by giving you 30 (thirty) days written notice. I understand, however that I am not entitled to a refund of amount deducted by you while this authorisation is valid. The receipt of this instruction by you is considered tantamount to my bank acknowledging receipt thereof.

SIGNATURE OF ACCOUNT HOLDER

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SIGNED AT _____ ON THIS _____ DAY OF _____ 20____

Office use only: MDATA REFERENCE NUMBER _____

THANK YOU FOR YOUR SUPPORT

www.beautifulwitness.com 
Scan and mail to partner@beautifulwitness.com