



DEBIT ORDER DONATIONS

***Please return this form to
PO Box 22376, Fish Hoek, 7974***

I hereby authorise TEARS to debit my

Current Savings

Transmission account with the

amount of R _____ on the _____ day of
each month.

Name: _____

Address: _____

Phone: _____

Email: _____

Bank: _____

Branch Code: _____

Branch name: _____

Acc. No: _____ Date: _____

Signed: _____

(in accordance with the debit order system)