

Leprosy Mission
Southern Africa
P O Box 46002 Orange Grove 2119
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Email: peter@tlm.co.za

Nonprofits Organisations' Act Reg No: 005-913 NPO SARS TEU Ref No.: 18/11/13/1044

Debit Order Form

Bank Name: _____

Cheque Acc: Transmission Acc: Savings Acc:

Account Number:

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Branch name: _____

Branch Code:

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Debit Order Deduction Authority

I hereby request the Leprosy Mission Southern Africa to draw against my account each month, until cancelled by me in writing, the amount of R_____

I request my bank to debit my account with the above amount.

Name: _____

Address: _____

Post Code: _____

Phone Number:[_____] _____ Email: _____

Signature: _____

Date: _____