

**Authority for a gift by Debit Order to Childline KZN**

**2, 4, 6, 8 ... make giving a monthly date.**

**A Super Hero never rests and that's why  
I'm signing up for a debit order for the year!**

*Please complete this form and fax to Childline KZN at 031 312-6008  
or email to [finance@childlinekzn.org.za](mailto:finance@childlinekzn.org.za) – thank you!*

I'd like to make a super difference every month by agreeing to a debit of:

R200     R400     R600     R800     R..... (any other amount)

per month from ..... 20..... and each month thereafter, until cancelled by me.

I/We would like to increase this debit order by 10% each year.     Yes     No

Type of Account     Current     Savings     Transmission

Bank Name .....

Branch Code .....

Branch Name & Town .....

Account No. ....

Name .....

Address .....

.....Post Code.....

Email .....

Tel H (.....) .....W (.....) .....cell .....

Identity No. ....

Date ..... Signature .....

*By submitting this form, I hereby authorise Childline KZN to draw against my account a monthly donation, from the date of first debit, as selected above. This authority may be cancelled by me, provided I supply Childline KZN with one month's written notice, to be received no later than the first working day of the month. I acknowledge that this cancellation will only be activated once I receive written confirmation from Childline KZN acknowledging receipt of my cancellation. I understand that I shall not be entitled to any refund of amounts which you have withdrawn while this authority is in force, if such payments are legally owing to you. Further, I agree to pay any bank charges relating to this debit order instruction. Receipt of this instruction by Childline KZN will be regarded as receipt thereof by my bank (whichever it is, or will be).*