



# South African Haemophilia Foundation

PO Box 172  
Plumstead  
Cape Town  
7801

 butlersr@iafrica.com

## DEBIT ORDER INSTRUCTION

I, \_\_\_\_\_ hereby authorise South African Haemophilia Foundation to debit R \_\_\_\_\_ per month against my bank account. Payments must take place on the first day of every month, commencing on 01/\_\_\_\_\_/20\_\_\_\_\_.

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Branch code: \_\_\_\_\_

Account nr: \_\_\_\_\_

Account type: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

Reference nr: \_\_\_\_\_ (Current donors)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_