RHEMA HANDS OF COMPASSION
RECOVERY RESTORATION RECONCILIATION

_DEBIT ORDER FORM

Bank/Building Society: _____

☐ Cheque account ☐ Transmission account ☐ Savings account

Account number: | | | | | | | | | | | | | | | | | | | | |

Bank branch code: | | | | | | | |

DEBIT ORDER DEDUCTION AUTHORITY:

I hereby request RHEMA HANDS OF COMPASSION to draw against my account on the first day of each month until cancelled by me in writing, the amount of R _____

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

Signature: _____ Date: _____

Name:(BLOCK LETTERS): Rev/Dr/Mr/Mrs/Miss: _____

ADDRESS: _____

_____ CODE: _____

E-MAIL: _____

PHONE: (CELL) _____ (H) _____ (W) _____

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