



CAMPUS CRUSADE for CHRIST SA

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DEBIT ORDER INSTRUCTION

Name of Missionary Staff Member / CCC General :
Staff Account Number / CCC Reference (70050):

Particulars of Contributor

NAME
POSTAL ADDRESS
TELEPHONE NUMBERS
Cellular 1
Home Office 2
3
Email

Banking details of Contributor

Bank Branch Code
Account number
Account Type
Credit Card Accounts excluded from Debit Orders

Instruction given by the Contributor

I/we\* request and authorise CCCSA to draw against my/our\* above mentioned bank account (or any other bank account to which I/we\* may transfer our banking), the monthly sum of R
Amount in words:
On the second day of each month, commencing on the second day of 20
And all such withdrawals from this bank account by CCCSA shall be treated as though they had been personally signed
I/we\* also request and authorise CCCSA to increase this amount annually by R or %
I/we am/are\* of the understanding that the transaction hereby authorised will be digitally processed by ACB Magnetic Tape Services, and that the transaction will appear on the bank statement of the above bank account
This authorisation may be cancelled by me/us\* by giving you thirty days notice in writing by email, and confirmation is expected when my/our email is received by CCCSA
SIGNATURE/S and NAME DATE
\*delete where not applicable